Rehabilitation Solution

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

Note: Carelon 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.

NCHB-CD-048318-23 January 2024

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 ***Provider****Portal*SM order request demonstration
- Additional Carelon ***Provider****Portal*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/

Carelon 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 GIEGLING

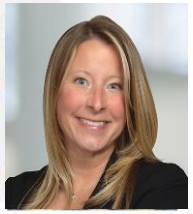
GM / Vice President, Rehabilitation and MSK

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

April 17

2023

Program effective date

May 01

2023

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.

1 INITIAL EVALUATION REQUEST

Healthy Blue members do not require a prior authorization for the initial evaluation service codes when performed alone.

Prior authorization is required for the initial evaluation date of service if main treatment CPT codes will be rendered at initial evaluation.

Should the provider choose to enter an evaluation request, they may. Answering, **"No"** to the question, **"Has an initial evaluation been performed",** will result in a 1-visit authorization to render therapy on the initial evaluation date of service.

2 INITIAL TREATMENT REQUEST

Healthy Blue members require prior authorization for all subsequent treatment visits.

If the provider determines skilled care is required during the initial evaluation, they should submit an initial treatment request before rendering treatment or within 2 business days of the first DOS that requires prior authorization.

An allocation of visits may be received in real-time on the ***Provider****Portal*, if medical necessity criteria is met for the request.

Treatment requests will require additional review by an Carelon clinician if requesting an adjunctive CPT code(s)

3 ADDITIONAL TREATMENT REQUESTS

After rendering the majority of the initial treatment visits, if the member still requires skilled therapy and has remaining functional goals in the plan of care, the provider may submit additional treatment requests.

If documentation is required (typically at the third request in an episode of care), the ***Provider****Portal* will prompt the provider for the required documentation.

The request will be transferred for review with an Carelon clinician.

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 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 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	OUTPATIENT INDEPENDENT CLINIC	TELEHEALTH	OUTPATIENT HOSPITAL
POS 11	POS 49	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	POS 19/22

Provider initiated requests

Prospective Utilization Management program for all services

PROSPECTIVE REQUESTS

Retrospective reviews within 2 business days of the initial date of service

RETROSPECTIVE REQUESTS

RECONSIDERATIONS

AIM will perform reconsiderations for Healthy Blue requests with an adverse determination within 7 business days.

Submitting an order request

Provider*Portal*

- 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

BlueCross BlueShield of North Carolina | 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

carelon

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):

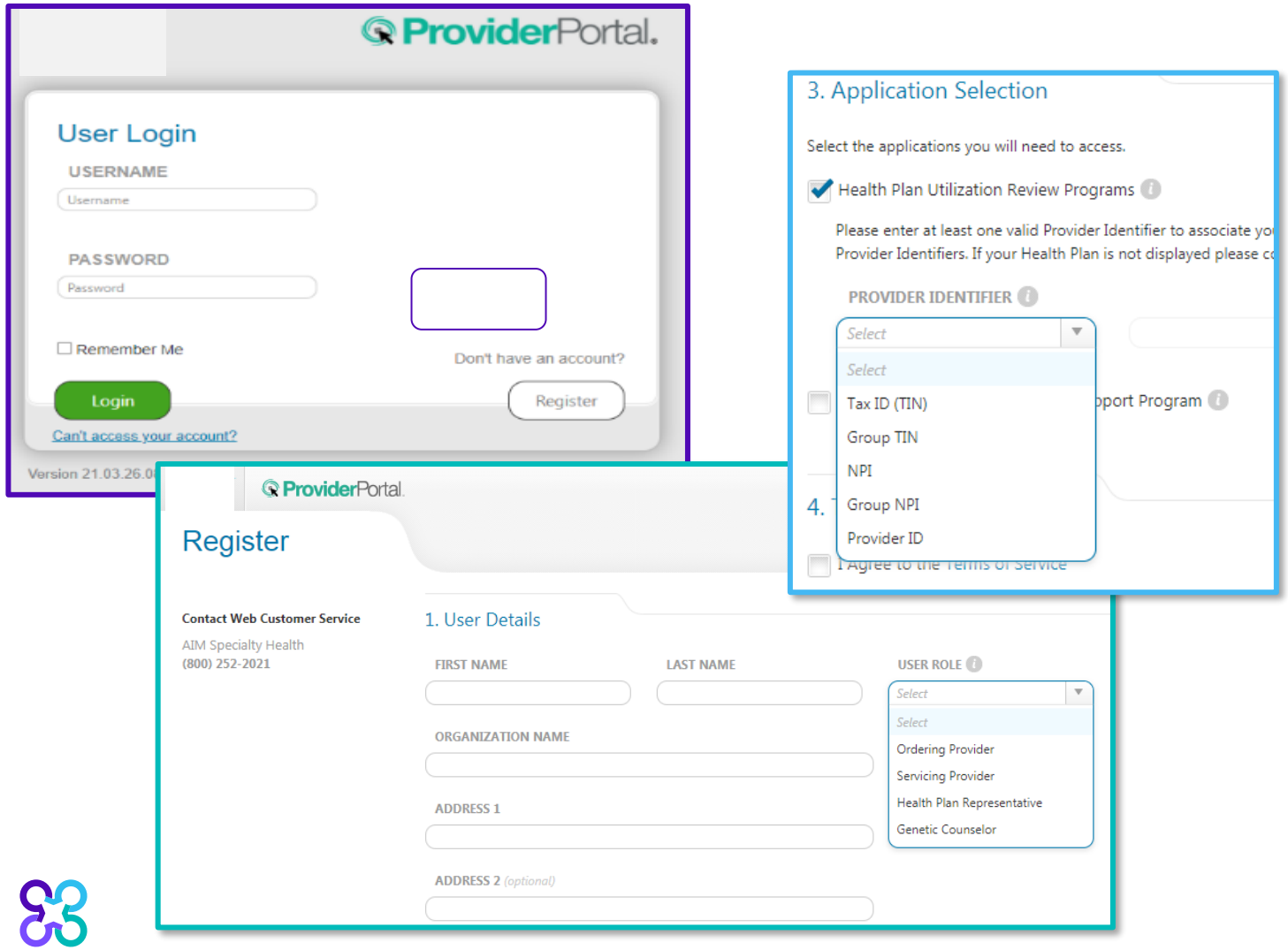
- Medicaid

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 ***Provider**Portal* at: https://providerportal.com

If you are registered with the Carelon ***Provider**Portal*, 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.

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 determinations 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

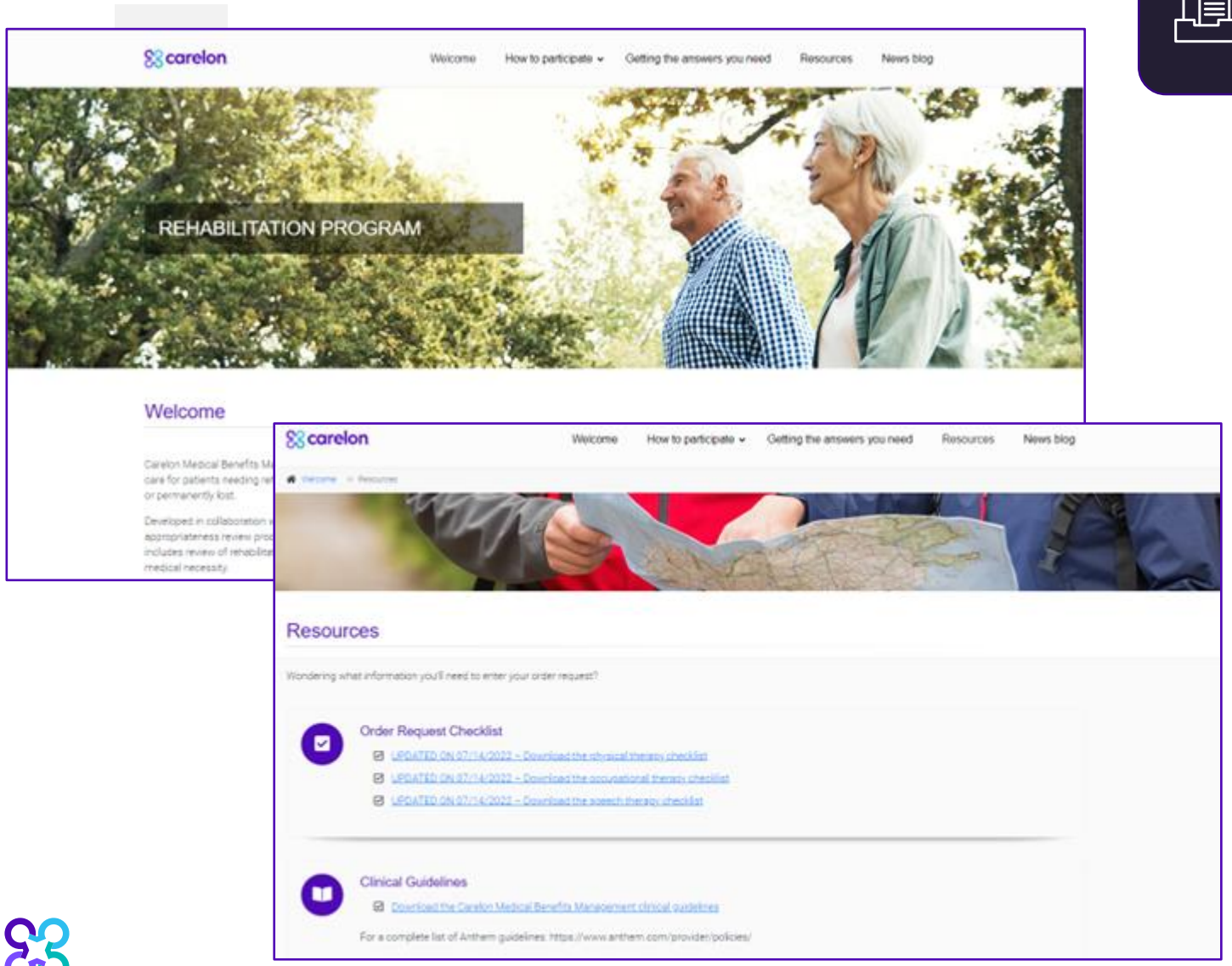
Carelon ***PROVIDER****PORTAL* REFERENCE DESK

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/

*Provider*Portal 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

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

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

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
- **Genetic Testing** — Laboratory testing for the inheritance or management of genetic conditions
- **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

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.

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.

Diagnostic Imaging
View Code List
Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET

Cardiovascular
View Code List
Angiography, percutaneous coronary revascularization, arterial ultrasound

Sleep Management
View Code List
HST, In Lab, Titration, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT

Musculoskeletal
View Code List
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

Other Surgical and Endoscopic Procedures
View Code List
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 — Show Demographics

Available Solutions — Show Solutions

Enrollment — 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

TART REQUEST | MY PROFILE | CHECK STATUS | Provider

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

Enter Co k Services

Service Date: 0305/01/2023

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

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

Enter Condition & Services

Service Date:

Condition *

M25.519 – Pain in unspecified shoulder ✖

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) *

DELETE SERVICE | SAVE THERAPY TYPE

- ○ Occupational Therapy
- ● Physical Therapy

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

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

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
○	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

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

Physical Therapy

1 **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

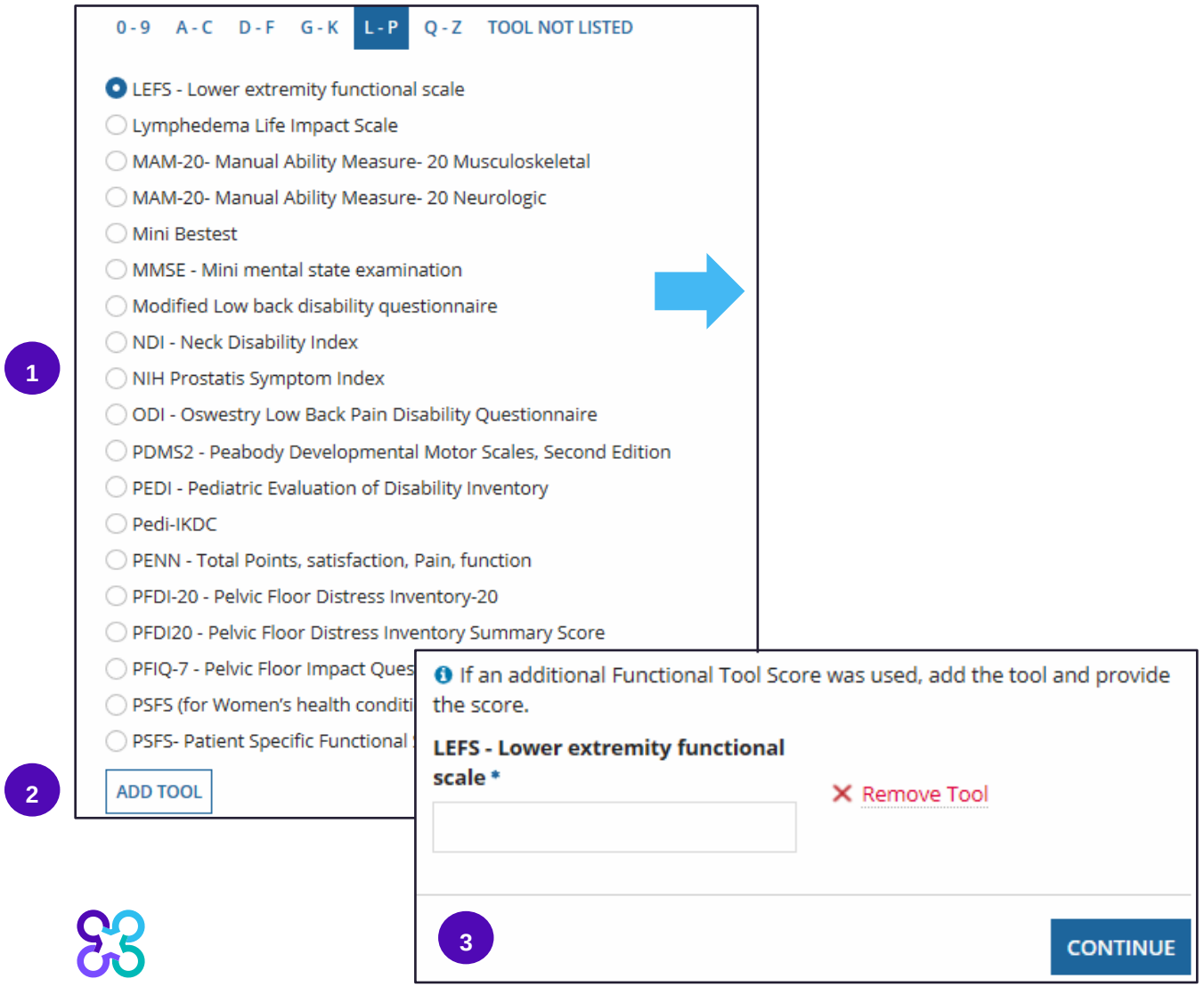
Next, the user will enter the episode of care metrics.

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.

Episode of care entry continued



Next the user will document the functional outcome tool utilized in the plan of care.

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

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

Ordering Provider Search

1 ☐ The Member is requesting treatment without a referral from a physician (Direct Access).

Last Name	First Name	Address	City	State *	ZIP Code
			Charlotte	NC	28105

NPI	TIN	Phone
	123456789	

2 Fewer Search Options | Search Tips

SEARCH

3 + Add Provider

Provider Results

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

2

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.

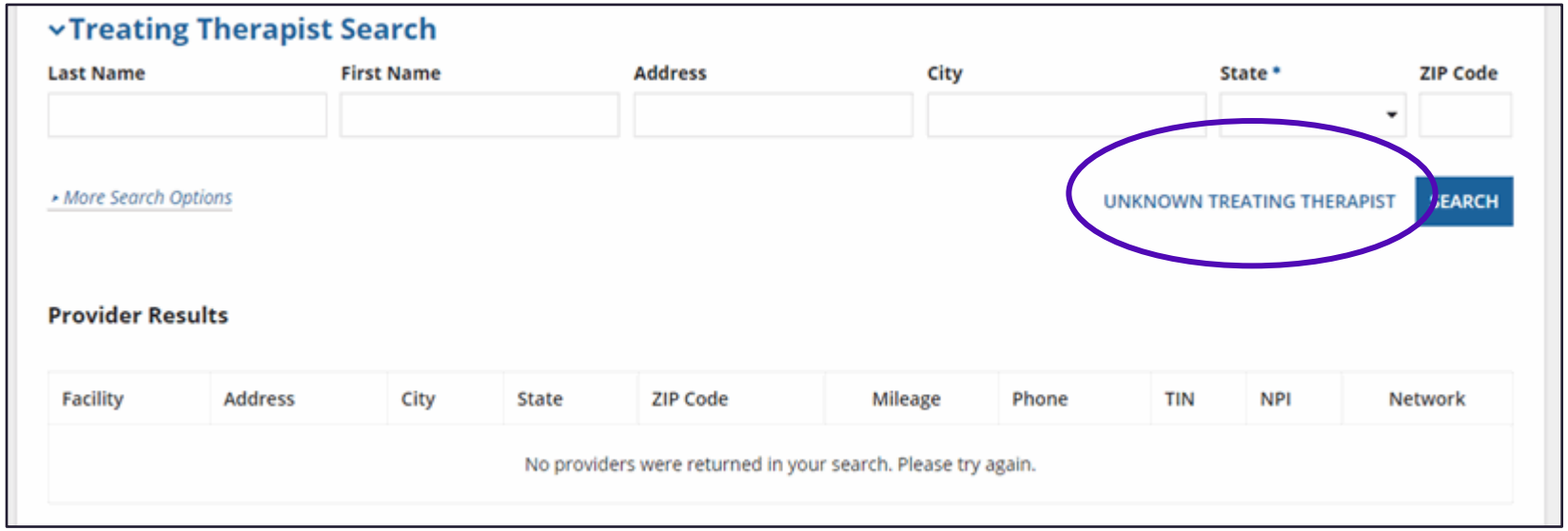
Select the facility from the search results.

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



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

SAVE & EXIT | CANCEL REQUEST

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	

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? Show Answers

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 compete 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

Rehabilitation Order Preview

Edit Member Contact Information

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

Urgent Request

Services Requested (2)

Service Date — Hide Details

Condition M79.672 Pain in left foot — Edit Condition & Services | Edit Clinical

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

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 request's 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

ProviderPortal Home

DEMO, EMMA

Member ID:

Rehabilitation

WITHDRAW ORDER

Order ID: 0S7WRJ6T9

Email link to review this case: Send Email

Valid Dates: 12/01/2023 – 06/01/2023

Rehabilitation Visits

Approved Visits: 30

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.

Additional Visit Request Capability

Physical Therapy

WITHDRAW ORDER

Order Status: OPEN

Email link to review this case: Send Email

Rehabilitation Visits Script

Based on the information provided and the available benefits with the member's health plan, the number of approved visits are 30 for this order. An acknowledgement of the number of visits is required to submit this order.

Rehabilitation Visits

Clinically appropriate visits: 30

Do you want the Order ID for these visits?

- YES - This option provides an immediate authorization. If additional skilled therapy is needed, you may submit another request as you near the end of these approved visits.
- NO - If you do not accept the number of visits currently approved, you may call to speak to a Carelon clinical reviewer to discuss the clinical presentation of the member and the medical necessity of additional services. If we are unable to approve the additional services requested, we will issue a partial approval/partial denial letter to allow you to appeal our decision. (Note: If we do not receive a call by the case closure date, we will process this request with the originally approved visits.)

After submitting a therapy prior authorization request, treatment requests that meet clinical criteria will receive a response with an order tracking number, and the number of visits determined to be clinically appropriate for the request. The provider is given the following options:

Accept the visits determined to be clinically appropriate for the request knowing if additional skilled care is required after rendering the initial visits, the provider can return to Carelon and submit additional treatment requests.

Not accept the visits determined to be clinically appropriate for the request and call Carelon for a peer-to-peer discussion with a Carelon clinician. The peer-to-peer discussion allows the treating therapist the opportunity to clarify clinical information or provide additional clinical details relative to the prior authorization request. The providers additional requested visits will be reviewed per the Carelon Medical Benefits Management Clinical Guideline for Outpatient Rehabilitative and Habilitative Services as well as a second EPSDT (Early, Periodic, Screening, Diagnosis, and Treatment) review. If the additional requested visits are not considered medically necessary at the time of the request, a partial denial will be issued for the remaining requested visits. The partial denial will open appeal rights for the member and provider with the health plan.

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.

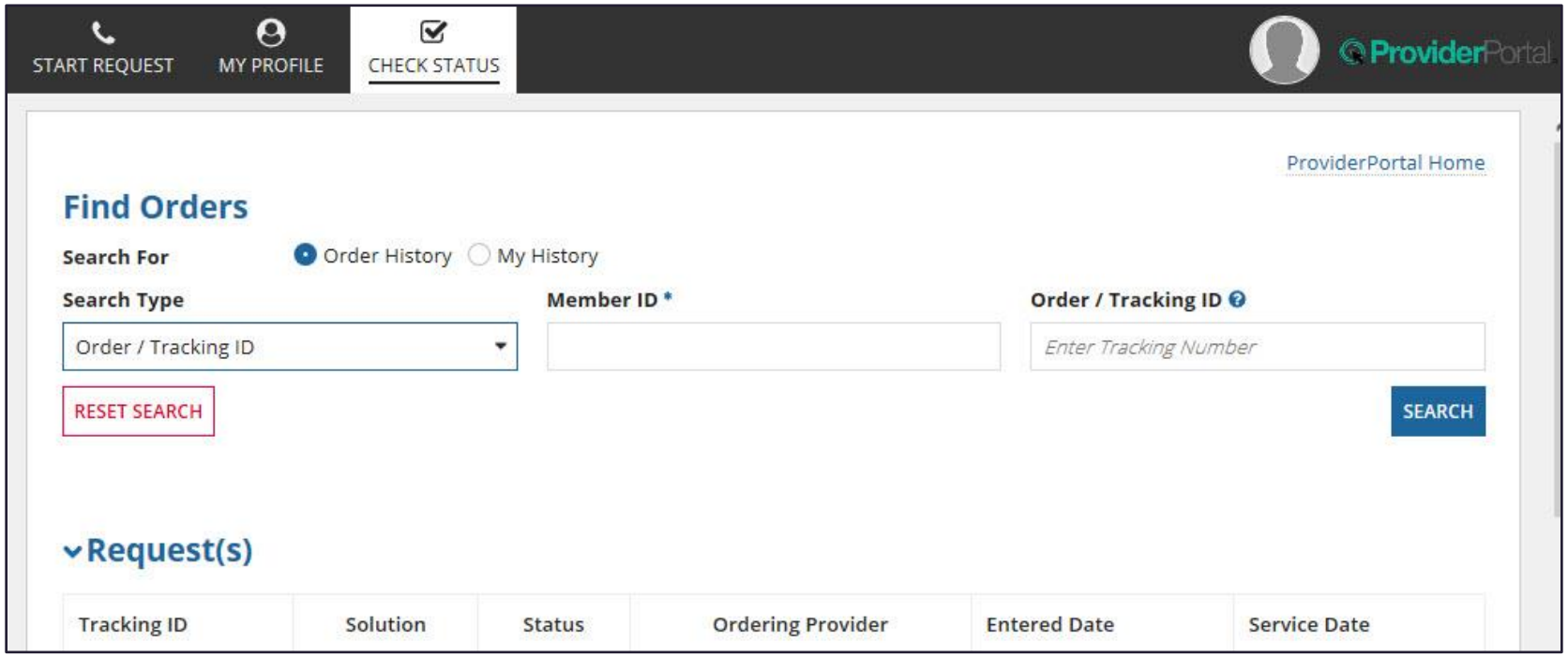
The list of requested documents can be found in the document manager.

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



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!