

# Frequently Asked Questions

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## Program overview and administration

### **What is the Rehabilitation Program? How does it benefit health plan members?**

The AIM Specialty Health® (AIM) Rehabilitation Program is here to support you in helping your patients receive the care that is appropriate, safe, and affordable. Through impactful communication and education about the program, we are poised to engage you and your office support staff in the management of the complexities associated with physical, occupational, and speech therapy services. We have developed an approach that works with you to:

- Promote standard of care through the consistent use of evidence-based criteria
- Direct care to the most clinically appropriate setting
- Offer unique consumer education and engagement that facilitates shared decision-making and activates patient involvement through online resources

Your patients' health plan is implementing the program to help you in your efforts to ensure your patients receive care that is appropriate, safe, and affordable – and delivers improved results for your practice too.

Asking the right questions leads to delivering the right answers at the right time to your patients.

### **How will the program be administered?**

The Rehabilitation Program will be administered by AIM on behalf of your patients' health plan. Participating in the program is most easily managed using the AIM *ProviderPortal*<sup>SM</sup>, available 24 hours a day, 7 days a week.

### **What is the relationship between AIM and the health plan?**

The health plan has contracted with AIM to work directly with you to assist your efforts in patient care. We help you manage physical, occupational, and speech therapy services.

### **Who is AIM?**

AIM Specialty Health is a leading specialty benefits management company with more than 25 years of experience and a growing presence in the management of radiology, cardiology, genetic testing, oncology, musculoskeletal, sleep management, and additional specialty areas. Our mission is to help ensure health care services are more clinically appropriate, safer, and more affordable. We promote the most appropriate use of specialty care services through the application of widely accepted clinical guidelines delivered via an innovative platform of technologies and services.

Our Rehabilitation clinical guidelines were developed by a clinical team led by a physiatrist and therapists.

## How does AIM work with health plans?

AIM collaborates with health plans to help improve health care quality and manage costs for some of today's complex tests and treatments, working with physicians like you to promote patient care that's appropriate, safe, and affordable. In partnership with health plans, we are fully committed to achieving their goals – and yours – to improve health outcomes and reduce costs. Our powerful specialty benefits platform powers evidence-based clinical solutions that span the specialized clinical categories where a health plan has chosen to focus. Our robust medical necessity review process is fully compliant with regulatory and accrediting organizations, while offering a superior experience for you and the health plan's providers.

## About Rehabilitation Program

### How does the Rehabilitation Program work?

Through our program, we are here to assist you and other participating providers. You contact AIM to request a review of physical, occupational, and speech therapy services. We review for these services in outpatient settings against evidence-based clinical guidelines to ensure care is medically necessary according to medical evidence.

When the care requested does not meet clinical criteria, our established staff of therapists and physicians provide peer-to-peer consultation.

Our program takes individual clinical details into account in order to titrate the number of authorized visits as opposed to program models that approve a standard number of visits upfront. We measure progress based on condition management and patient outcomes. Additional visits are approved as clinically appropriate.

Unlike models that offer a one-size-fits-all approach, our program reviews based on multiple clinical factors.

### Are your clinical criteria available for review?

Yes, the AIM Clinical Guidelines are easily accessible online. See [Clinical Guidelines](#). You can also find these within the AIM *ProviderPortal*, when clinical review requests are initiated.

### Tools for patient success

Engaging your patients in their health is a priority for your practice. Our Rehabilitation Program supports your efforts to reinforce important information about the therapy services you recommend. This program is designed to reduce anxiety, drive adherence to care plans, motivate preventive action, and improve appropriate use of care by your patients.

## About the AIM clinical review process

### How do I participate in the Rehabilitation Program through AIM?

The best way to submit a therapy service request is to use the AIM *ProviderPortal*.

*ProviderPortal* allows you to open a new order, update an existing order, and retrieve your order summary. As an online application, *ProviderPortal* is available 24/7. Your first step is to register your practice in *ProviderPortal*, if you are not already registered. Go to [www.providerportal.com](http://www.providerportal.com) to register.

If you have previously registered for other services managed by AIM (diagnostic imaging, radiation therapy), there is no need to register again.

## Is registration required at AIM *ProviderPortal*?

Each member of your staff who enters review requests will need to register.

Here's how to do it:

- Step one: Go to [www.providerportal.com](http://www.providerportal.com) and select "Register Now" to launch the registration wizard
- Step two: Enter user details and select user role as "Ordering Provider"
- Step three: Create user name and password
- Step four: Enter the tax ID numbers for your providers
- Step five: Check your inbox for an email from AIM. Click on the link to confirm email address

The AIM *ProviderPortal* support team will then contact the user to finalize the registration process

## What do I need to register?

- Your email address
- The tax ID number for the providers whose orders you will be entering
- Your phone and fax number

The AIM *ProviderPortal* allows you to:

- Submit a new order request
- Update an existing one
- Retrieve your order summary

## Which procedures require review?

Contact AIM to obtain pre-service review for the following non-emergency modalities:

- Physical therapy
- Occupational therapy
- Speech therapy

## CPT Codes

[See the billing codes for the procedures we review](#)

Note: procedures reviewed may vary by health plan.

## How does AIM make alternate site-of-care recommendations

Preferred facilities are identified by your patient's health plan.

## Does the program include inpatient services?

No, the program does not include inpatient services. Only services requested on outpatient basis are applicable to this program.

## How do I use the AIM *ProviderPortal* to submit my treatment?

Once registered, log in to the *ProviderPortal* to begin the order entry process. You will be guided through a series of questions regarding your patient, the requested procedure, and your patient's clinical condition.

## **What information do I need to submit to AIM?**

Our [order request checklists](#) show exactly what information you will need.

## **What happens if I do not call AIM or enter information through the AIM *ProviderPortal*?**

If you call the health plan directly, you will be directed to the AIM *ProviderPortal* or to call the AIM contact center.

## **About determinations**

If the necessary information is provided, determinations are immediate in most cases. Refer to the to view the information needed to enter a request.

## **How will I know if my order request met clinical criteria and was approved?**

The office of the ordering physician or therapist, submits order requests through the *ProviderPortal* – our interactive internet application, or through the AIM contact center. Web users and callers will be guided through the process where member and ordering physician information, diagnosis, therapy request type, date of evaluation and related treatment sessions, functional tool and score, treatment/clinical history, and status of goals or factors impeding progress will be requested.

If the information provided meets the AIM clinical criteria and is consistent with the health plan's medical policy, the web user/caller will then be guided to select a provider where the therapy will be performed and an order number will be issued.

If all criteria are not met or additional information or review is needed, the case is forwarded to an appropriate therapist (i.e., physical, occupational or speech) or registered nurse (RN) who uses additional clinical experience and knowledge to evaluate the request against clinical guidelines. The therapist or RN reviewer has the authority to issue order numbers in the event it is determined that the request is consistent with our clinical criteria and health plan medical policy.

If an order number could not be issued by the clinical reviewer, an AIM physician will review the request. The physician reviewer can approve the case based on a review of information collected or through their discussion with the provider. At any time, you may contact AIM to discuss the request or to provide additional information.

In the event that the AIM physician reviewer cannot approve the case based on the information previously collected or on the information supplied by you during a peer-to-peer discussion, the physician reviewer will issue a denial for the request.

## **How long does my patient's approval last?**

Unless otherwise required by state law, physical therapy, occupational therapy and speech-language therapy valid timeframe will be based on the number of visits allocated for the service. AIM communicates the valid timeframe in the approval notification for each case.

## **Can an authorization number for a medical necessity determination expire?**

Yes, AIM communicates the expiration date in the approval notification provided for each case.

## **What are my options if a review request does not meet clinical criteria?**

Your office can contact AIM to request a peer-to-peer discussion at any time before or after the determination. When there is a request for a peer-to-peer consultation, we will make an effort to transfer the call immediately to an available AIM physician reviewer. When a physician reviewer is not available, we will offer a scheduled call back time that is convenient for the practice. If you receive notice of a denial, you have two options for further review. One is to ask for a reconsideration of the decision within 10 days of the denial. This gives the provider an opportunity to provide additional information to one of our physician reviewers who will have the authority to overturn the denial.

## What if I want more visits than the current authorization includes?

The number of visits authorized is based on your patient's individual clinical circumstances. However, our program model allows you to render the appropriate visits and see how your patient responds to therapy. Once those visits have been delivered, you have the opportunity to re-enter the portal and report the patient's improvement and get additional visits approved if clinically appropriate

## Where can I access additional information?

For more information: Our dedicated Rehabilitation Solution provider website offers you all the tools and information you. To access, go to [www.aimproviders.com/rehabilitation/](http://www.aimproviders.com/rehabilitation/).

