Riverside Physical Therapy (RPT)

544 Union Avenue (MAIN OFFICE)
Grants Pass, OR 97526
Contact: Christy Johnson
541.955.0940
541.955.5233 FAX

PHYSICAL THERAPISTS	PHYSICAL THERAPIST ASSISTANTS
Edsen Donato, DPT (EBD)	Jim McCall, PTA (JDM)
Jeffery Wood, MSPT (JCW)	Julie Bohlman, PTA (JAB)
Susan L. Mckewen, PT (SM)	David Thompson, PTA (DLT)
Michelle Reisig, MPT (MLR)	Ron Defluiter, PTA (RED)
Susan Sheely, MPT (SLS)	Brittany Washko, DPT (BMW)
Alison Deacon, DPT (AJD)	Steve Kellejian, PTA [SK]
Zachary Goodwiler, PT (ZMG)	Erich Drossel, PTA [EHD]
Emma Garre, PT (ELG)	

MIVEN DONATO PT, DC (Eff 9/30/19) (MBD)

Shasta J Fleming, PT [SJF]

John M Darnell, PT [JMD] - Effective from November batch

Erich Drossel H [EHD] – Effective from September batch (Now claims under this provider are hold due to update more information about this provider)

Gil Javelosa I I PT (GIJ) (LAST DAY AT RPT WAS 09/27/19)

(Emma Garre left Feb 2016 and returned 08/01/16)

MLR vs MR Provider initial update

There was a provider at RPT with the provider code of MLR. She is no longer employed by the practice.   There is a new provider that was added by the practice (We were unaware) and his initials are MR in WebPT. It appears that the provider MR on the billing report was assumed to be MLR in Healthpac and the incorrect provider was selected. If

we provided direction for this please let me know.

Please use the attached list and update each line item so that the provider is showing as MR - Michael Ruck and not MLR - Michelle L Resig. Also please update any payment lines that are attributed to these payments so the provider is properly showing as MR. Corrected claims are not necessary.

Please do not use the MLR provider - she has left the practice and is now inactivated.

MIVEN DONATO PT, DC (Eff 9/30/19) (MBD)

We received information from Edsen at RPT that his brother Miven will be joining them at the practice starting today 09/30/19. Also that Gill Javelosa is no longer at the practice effective last Friday. I have inactivated Gills information in Healthpac and loaded Miven Donato as "MBD".

I have a message out to Edsen letting him know that we will be working to enroll Miven but there is no way that we can have him active on all of the plans unless he is still assigned to RPT from when he has worked there in the past. Until we receive direction from Edsen about how to bill the charges for Miven we will be entering them in Healthpac under Miven (MBD) and they will be on hold in Healthpac automatically until we receive direction from Edsen. The edit is set.

New provider initial SM

Please post charges for provider SM **Susan Mckewen**. There is an edit to place these charges on hold until credentialing is complete. Please refer to the queries that you added to Only Office and once posted, mark as complete.

RPT -Miven Donato - Chiro vs PT

Miven Donato is both a Chiropractor and Physical Therapist and there are two separate providers in Healthpac that must be billed properly.

On the billing report from WebPT.

When you see **MDD** - This is for Miven Donato - DC this is to be posted to MBDCHIRO in Healthpac. **Chiropractic codes [98940 -98943]**

When you see **MDP** - This is for Miven Donato - PT this is to be posted to MBD in Healthpac since it is for Physical Therapy.

Medicare Approved Miven Donato's Enrollment for RPT

Source — we just received word that Medicare approved the enrollment for Miven Donato assigning him to Riverside Physical Therapy. We have now released the 63 pending claims and have another 24 that are holding for the Medicare Advantage plans. Mostly AllCare Advantage. Also Atrio and HealthNet Advantage.

This is great new and interesting that it took 147 days for Medicare to process this application. They received it 10/23/2019. This is the longest application we have seen and it required a site visit. This will create a known surge for RPT in 14-21 days so likely there will be an increase in payment between 03/01 - 03/08. This will definitely help if patient volume starts to drop from cancelled appointments. ***

New providers [SF & SK]

SF is provider Shasta Fleming, PT. Okay to post with SJF as provider. No supervisor. Edits have been set in HP to match current enrollment. -LT -08/28/20

SK is Physical Therapy Assistant - Steve Kellejian, PTA. Okay to post his charges under provider SK. Edsen is the supervisor. Edit is set to auto enter Edsen's information on claim. - LT 08/28/20

Query Response batch#20200820-0824

Provider Initial JD – John M Darnell

Batch# 20201029-1102

AZ Query: We have received the new provider initial "JD". Please confirm, shall we use provider code JMD "DARNALL, JOHN M"? Charges entered under provider code "JMD" and suppressed.

MMSS Answer: This is a new PT to the practice and credentialing is complete these can be released and billed under JMD -- Thanks CW 11/18/2020

Email response: Yes - I confirm that the Provider JD in WebPt is equal to the provider JMD in Healthpac. Please release all of those claims.

Brittany Washko (BW) Provider Update:

The provider Brittany Washko at practice RPT is no longer under supervision as of 12/11/2018. She should be billed as the rendering provider and **without a supervisor**

- ➢ **Definition:**

  - Physical therapists have different titles in different countries: in many ... their own version of the word *physical therapist*, such as kinesiologist.

- ➢ **RPT Staff & Locations:**

  - We email **all** correspondence through WebPT. Be sure to copy Christy on every email.

Owned by Edsen Donato and Jeff Wood. The business name is "Donato and Wood Consulting Inc" and they do business as Riverside Physical Therapy. They moved offices from 1619 NW Hawthorne Ste 109 to 1701 NW Hawthorne Suite 103 and then closed the Hawthorne office and moved primary location to Union Street, so we will still see items with the prior address. They serve patients in **4 locations**. Union, Cave Junction, and Canyonville are

==full time. Glendale is open part time with the goal of progressing.==

- Courier runs through Dash Delivery Tuesdays

➢ **Charges:**
- Charges are printed for all providers directly from WebPT. There is a charge printing log in the red folder. Charges are printed every Monday using the date range on the log.

- Printing charges from WebPT: Select Location, on left hand side of home page, scroll down to bottom for "Reports" menu. Select "Billing Reports". Enter the range of dates per printing log.

- Select "Date Finalized" *not* the Date of Service. Select "All Insurances," and select "all therapists." Select "Generate Billing Report". Once report appears, select "Generate PDF" and print. Charges are posted from these individual reports by location. Make sure all locations are searched and printed. Our therapists move from office to office and sometimes cover while other therapists are out, so billing reports will have therapist's initials and we must *be extra careful in posting/changing the charge to the correct therapist. Charges are tracked by therapist, so if posting the wrong person, it will create erroneous reporting back to the client.*

➢ ==**Patient Co-Pays for RPT:**==

- ==Please IGNORE the copays that come on the charge sheets for this client==, they are <u>not</u> as accurate as the copay summary with payment log.

- Copay's are deposited by practice. Payment codes: CASHP, PCKP, CCP ==(Received under Batch type "Copay")==

- If there are miscellaneous notes on transfer sheet, please send query for clarification.

==***Please refer cover sheet (Summary sheet), whether included or not; if not included, do not post co-payment***==

- ❖ Patient co-pays are made for a specific date of service.

  - ==Post all co-payments as pre-pays.==
  - ==On the addenda line -Note the date of service that co-payment is for.   Example - 'Copay DOS 11/01/2017'==

It is important that the posting team send a query when the copays in the charge batch and the payments entered on the transfer sheet do not match. This is applicable for ALL datasets.

➢ **Provider Specific Instructions:**
- Billing for Physical Therapist Assistants (PTA)

  - ❖ Julie Bohlman - JAB
  - ❖ James Mccall - JDM
  - ❖ David Thompson - DLT

Each PTA must be billed with the Provider as the PTA and also billed with a Supervisor. The supervisor assignments are as follows as of 10/24/2017 per Edsen Donato.

- **Union** – Supervisor is EBD or GIJ depending on who is serving patients that day.

- **Cave Junction** – Supervisor is JCW and sometimes could be GIJ

- **Canyonville** – Edsen or Michelle EBD and sometimes MLR

- **Glendale** – Supervisor is JCW

➢ **Referring provider Update:**

- Effective from 08/17/18 (17th of Aug), If referring provider is not found in Hpac, we need to add/update the referring provider from demographic screen. Please do <u>not</u> add the query and send to TOM/Suresh (Internal email) to add in master table.

- If received incorrect NPI#1982709226 for referring provider "CAVALLACCI, MICHELINE", please use the referring code as "866" with correct NPI# 1235113994.

- *New provider initial "GW" – Clarification:*

Allzone Query Clarification: This is bringing to your kind attention, We have received new provider **"GW"** in RPT charge batch RPT_20220217-0221 pg#2-3 at Union location. However, this provider code Initial is not found in HPAC. So, please load the provider.

MMSS Response: **Grace Ward (GW) is a student. EHD is the therapist and is correct. Please setup billing"** [Batch#20220217-0221 in only office master query]
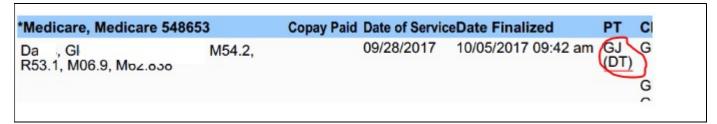
Duplicate Query:

No need to send any queries on the duplicates. This is a new employee mistake. I will make sure the correct date range gets uploaded.
Exception on Supervisor billing:

- If the supervisor is marked in WebPT bill using that supervisor.

For below example, the rendering provider as DLT and the supervisor as GIJ. (RPT.2756 1018SL9897 Pg.1)

*Medicare, Medicare 548653		Copay Paid	Date of Service	Date Finalized	PT	Cl
Da , GI R53.1, M06.9, M62.838	M54.2,		09/28/2017	10/05/2017 09:42 am	GJ (DT)	G G

➢ **CPT updates:**

- 97530 & 97140 & 97112 when billed with specific other codes (check encoder) requires -XU modifier for Medicare, VA, & Advantage plans. Commercial plans require -59

- 97139 should be billed as 97112. Change on billing sheet. (Do not query)

- 97012 traction. Some codes require -XU modifier when billed with traction. Check Encoder.

- 97033 Iontophoresis is not covered by Medicare and most insurances. Not a proven method. It is still posted. This is an insurance adjustment. Provider is aware.

- 97010 Cold Packs are not covered by most insurances and is an adjustment. It is still posted.

- 98960 is not a payable code under Medicare. Provider adjustment.

- 97026 is to be used instead of 96920 for the Anodyne Treatment.

Do not use FLR code effective 01/01/2020

Farrah identified that the Functional Limitation Codes (FLR) for Physical Therapy are invalid as of 01/01/2020.   These codes have now been set as inactive for all physical therapy datasets.   They were used by RPT and URT.   These have not been used by JPT or CPT after 01/01/20. If the practice supplies an FLR G code it is **not to be posted to the account and a query is not necessary**.   We will work with the practices to help them not send the code - it was informational only but now will cause rejections.   Here are example FLR codes that have now been updated to be inactive in Healthpac as of 01/01/2020.

CHARGE

	DESCRIPTION
G8978	MOBILITY CURRENT STATUS
G8979	MOBILITY GOAL STATUS
G8980	MOBILITY D/C STATUS
G8981	BODY POSITION CURRENT STATUS
G8982	BODY POSITION GOAL STATUS
G8983	BODY POSITION D/C STATUS
G8984	CARRY CURRENT STATUS
G8985	CARRY GOAL STATUS
G8986	CARRY D/C STATUS
G8987	SELF-CARE CURRENT STATUS
G8988	SELF-CARE GOAL STATUS
G8989	SELF-CARE D/C STATUS
G8990	OTHER PT CURRENT STATUS
G8991	OTHER PT GOAL STATUS
G8992	OTHER PT D/C STATUS
G8993	SUB PT CURRENT STATUS

G8994   SUB PT GOAL STATUS

G8995   SUB PT D/C STATUS

- **Email Clarification response:**

Please advise, shall we ignore the FLR code query for Medicare patient's starting 2019 date-of-services for all the Physical Therapy datasets?

Yes – There is no need for the FLR codes in 2019.   There is no need to add these to a query for Medicare patients for all Physical Therapy practices

➢ **Modifier update:**

❖ **Modifier "59" for Physical therapy/Occupational Therapy evaluation codes:**

- For 2017 Evaluation Codes: 97161, 97162, 97163, 97165, 97166 and 97167 <mark>do not need 59 modifier</mark>. The <mark>only RE-Evaluation</mark> codes that need the 59 modifier are 97164 and 97168.

➢ **Insurance updates:**

❖ **Contracts:**

- All offices are contracted with NWRA (Northwest Rehab Alliance) and the following insurance plans are affiliated with them:

- **CareOregon** PPO, **First Choice** Health Network (formerly Healthcare Direct), **Health Net**, **Integrated Health Plan** (IHP), Lane Independent Provider Association (LIPA), **Lifewise** (Premera), **LIPA Trillium, Mid Rogue** IPA (MRIPA), **MultiPlan** PPO, **ODS**, **Optum** - Student Resources (Formerly ACN), Optum - **United Health Care** (Formerly ACN), Optum **TriCare**, **PacifiCare PPO, PacificSource, Private Healthcare Systems** (PHCS), **Providence** MCO, **Regence BCBS Preferred Provider Panel** (PPP)

- Atrio-Primary Health of Josephine County: RPT is contracted as of July 2015 and if there are any denials for missing authorization we are to call Pam at 541-471-4208. Her manager is Christine. This is only for the Josephine County members.

➢ **Authorizations:**

❖ **Plans that require Auths for all Services** <mark>Except Initial Evaluations:</mark>

- AllCare CCO
- AllCare Advantage
- AllCare PEBB
- Primary Care of Josephine County
- Jackson Care Connect

General Auth updates:

1. Please add the query if new auth# not found in eDocs whenever auth exceeded alert shows even though date range is valid for entering date-of-service.

2. If claim was already submitted to payor and waiting for denial, just update the notes as **"Once claim dnd for auth, resubmit as corrected claim with updated auth"**

3. If claim was submitted without auth and denial received, add the valid auth from WebPT and resubmit as corrected claim with original claim# (ICN) except Medicare.

4. If auth exceeded and added the new auth from WebPT after claim denied, add the valid auth# and resubmit as corrected claim with ICN except Medicare

AllCare Medicare Advantage 1291 and also AllCare CCO I41 Authorizations:

For Physical Therapy the Initial Evaluation 97161-97163 does not require authorization. If an authorization is entered it will cause the service to deny in error needing a corrected claim. Updated on 03-May-2019 [Sub: AllCare Medicare Advantage and AllCare CCO

- For RPT patients with Allcare insurance, no authorization is required for the Evaluation codes **(97161, 97162 and 97163).**

- If they can please add **"NA"** into the precert field - no action will be needed. This will also eliminate need for a query.

- However, <mark>if there are additional service codes along with the evaluation code,</mark> please continue to send me a query unless authorization is readily available for them.

❖ **Plans that require Auths for <mark>All Services</mark>**

- HealtNet Medicare Advantage
- Triwest Choice Card also known as VA Choice Card – (Ins I111 in Healthpac)

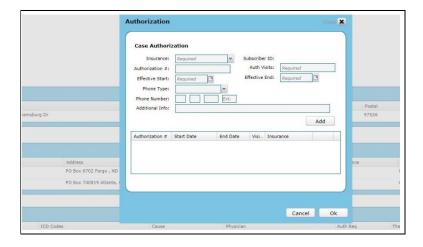## AllCare Physical Therapy Prior Authorization Update

Effective 09/01/2021, members under 21 years of age, prior authorization is not required for up to 30 visits per calendar year. CPT and diagnosis must pair. If not, authorization would be required. [Only Office-29-Sep-2021]

❖ ~~Auth Query Not required~~

- ~~For RPT charges, when the authorization is not given or available in Web PT there is **no need for a query** to be sent. There is an edit in Healthpac that will send this to the prep list to be worked by MMSS biller. Also, this balance was moved to patient due in error. A denial for no authorization needs to stay in insurance due until it is obtained and claim is billed out.~~

❖ **Tip for finding authorization in WebPT.**

- The authorization information can be found in the patient search screen when it cannot be found in E-docs. This will happen when the office has not scanned in the authorization yet. This is where you can copy and paste the auth number from here into Healthpac. This also cuts down on mis keying the number.

- Always check WebPt "EDOCS" for copies of authorizations and post authorization in HealthPac using ALTF8 function in demo screen.

- **You must post charges with the same diagnosis as authorization or claims will be denied**. Other insurances may require auths so check EDOCS for every new patient.

- If there is not an authorization scanned in Web PT, send query to biller.

❖ **For Client RPT for Authorizations:**

- We must have the posting team register using the scanned EDOC if it is available in WebPT. We are finding that many authorizations are not keyed accurately into WebPT (by the practices staff) causing denials. If we run with their typo it is causing an issue. Please make sure the staff goes to the actual image of the auth for the authorization number.

➢ **Chart notes updates:**

❖ **All Injury Carriers require Chart Notes for each Service.**

- This includes SAIF, Majoris, Keenan and Associates, and many other Injury Plans. As plans are loaded they should be set to require attachment.

- ❖ **Printing Chart Notes**

  - The Chart note should be printed to PDF at the time of posting and saved in the **"RPT - Chart Notes to be submitted"** Folder saved on the Desktop.   These should also be added to a query showing the Chart note has been printed.   The name of the file should be the Patient Name_Date of Service_Insurance Carrier.

  - Always check **WebPT "EDOCS" for copies of authorizations and post authorization** in Healthpac using ALTF8 function in demo screen. If you have not been trained on loading auths, please ask. **You must post charges with the same diagnosis as authorization or claims will be denied**. Other insurances may require auths so check EDOCS for every new patient.

  - Atrio authorization forms- www.atriohp.com, click on Medicare Advantage Plans. On the For Providers tab hover over it and when it drops down click on Provider Authorizations. Scroll down to where is says Prior Authorization Forms, click on Josephine & Jackson Counties. Form is not a fill able form you have to print it out to fill out.

- ❖ **VA Claims (Upload chart notes thru online effective from 24th July 18):**

- Download the chart notes from **WebPT** and upload into below Triwest portal.

- You would log into **https://vapccc.triwest.com/PCCCWeb/index.html#/provider-home Tax ID# 931238654** – RPT – WebPT

- ➢ **Insurance updates:**

- ❖ **Medicare:**

  - **For all DME items** for RPT they will need to be billed to I1DME. Place of service must be HOME for all DME items. When posting a DME item, create a separate incident titled "DME" and attach the I1DME insurance only. Creating a separate incident lessens the possibility of sending claims to the wrong carriers. We cannot set an override to automatically push a DME item to the DME carrier. All other carriers should process without place of service HOME or a special carrier. All Medicaid plans require the -NU modifier for DME items.

  - If new Medicare patients are missing required Functional Reporting G-codes, they should be indicated on the Initial Evaluation in WebPT under the assessment heading. If they are not indicated, email office for information, do not post charge, put alert on the account to hold all charges until reporting codes are posted with initial visit. All charges will be denied unless reported with initial visit.

  - If Medicare denies for missing or incomplete functional reporting codes, add them to DOS and refile the date of service. Medicare is separating the initial visit code and denying with MA130, so you can add and refile the DOS and Medicare will process the initial visit and properly deny out any codes that had been separated and paid. Reopening/redeterminations are no longer required.

  - **GP modifier is automatically added for all Medicare/MedAdvantage and VA insurances.**

- ❖ **Medicare Crossover Claims to DMAP**

  - Special consideration needs to given for OHP.   If patient has a managed care plan, drop that claim to paper, and note line with "EOB" to show you billed secondary. Medicare does not cross over to managed care OHP. If we do not have OHP entered on patient account, but Medicare remittance states

claim crossed to OHP, check MMIS for eligibility and/or managed care plan enrollment. Update account, and bill out to HMO for all dates of service, if applicable. Otherwise, if they have I3A DMAP, make sure to attach I3A to claims and move from patient responsibility to insurance.

➢ **Payments:**

❖ **Special Adjustment Codes:**

- **PROF:** Administrative Discount Same use as PROF, except it does not say Charity Discount
- **SELF:** Self Pay Discount. This is to be used for patient's who are given a discount for not having insurance.

❖ **Product Sales:**

We will enter cash sales for tracking into HealthPac. Payment information should be supplied on receipt.

- Charge to patient account
- Use code PROD
- Post charge as zero dollars
- In the ACT field, enter name of product
- Post payment as specified on payment log which will create a credit
- Post payment code Z10 (product refund) as negative amount and post to credit so it zeros out product charge. Office does not want to pay MMSS for over counter product sales, but we are tracking and balancing for deposits.

❖ **Pay codes:**

- ==**Copay's** are deposited by practice. Payment codes: CASHP, PCKP, CCP==

- ==If there are miscellaneous notes on transfer sheet, please send query for clarification.==

❖ **Clarification on posting Supplies for RPT:**

- Ok to post as pre-payment (CF7) to specified DOS using the payment method (Cash/Credit card/Debit card) on transfer sheet.

- Remember when we are balancing a batch with refunds in it. We have to add the refunds back into your report total to balance.

  Example:
  Payment total for batch is $100
  Refund total for batch is $50

- Report total will be reduced by the amount of refunds; hence the report total will be $50. To balance, we must add back in the refunds to the payment total for batch.

➢ ==**WebPT Email:**==

==Video URL:==

https://vimeo.com/238910570

Password: MMSS

VPN to MMSS
Remote Desktop to 192.168.27.79

Login with VPN Credentials

After connecting the VPN RUN the RDP Icon and login the below credentials.

➢ **WebPT patient search steps**:-

At the left side choose Clinic name [Location] and enter the patient name in the box "Search my patients".

If patient not found, use advanced search option.

Patient Info – Patient information can be get by clicking "Patient Info"

eDOC – Please refer auth details in by clicking "EDOC".

Chart Notes – Please refer Chart notes/Progress notes by clicking "Chart Notes" [See below print screen]

- Most communication is with Christy through WebPT email. Envelope symbol on top of page gives ability to send and review emails.

- If you are emailing a RPT staff member other than Christy, she requests that we copy her; however, WebPT does not have the option to CC the email to Christy. The solution would be to select both Christy and the staff member you need to query. No matter which order you pick your recipients, it will always list them alphabetically. Christy is aware of this.

- As you know the purpose of sending all emails through her is to identify trends positive or negative. In the body of the email we need to address the staff member not Christy. This way, it takes some additional work off her plate and she will continue to be in the loop with what is happening at the various locations. Responses come back in various forms such as email, phone calls, notes in courier bag, etc.

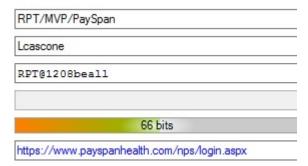- We are able to add notes to a specific account if appropriate:

> **Payments:**

> **EFT Deposits:**

- Paula Wood will email us whenever there is a direct deposit to the account. Check this list of EFT against our deposit detail weekly or monthly to see if there are any missing deposits.

> **EFTs:**

AS of 12/06/16 we are receiving EFT's for MVP/Payspan. Login info is:

```
RPT/MVP/PaySpan
Lcascone
RPT@1208beall

[                    ]
[==============  66 bits  ]
https://www.payspanhealth.com/nps/login.aspx
```

➢ **Deposit Detail:**

- We do not differentiate by location on the deposit detail. All deposits go to the Union office and are deposited together. Label deposit detail as Riverside Physical Therapy.

    Email the deposit detail each week to:

    Edsen Donato – edsen.donato@gmail.com
    Paula Wood – pjmed5@charter.net

➢ **Refunds:**

- Send refunds via courier to Christy and she will coordinate with their bookkeeper.

➢ **Self Pay Patients:**

- When a patient is self pay for example they are coming into the office and are paying at the time of service. Since there is a delay from the time the payment information is received please make an alert on the account and also set the guarantor screen to hold statements. This is done in the stop statements field by placing a Y. Also leave the balance in insurance so the item isn't grouped in with regular self pay accounts that might have a balance. Post any charge listed as CPT NC001 with the dollar amount as what they paid at the time of service. Then move (CF9) prepay to the line to pay off. There should never be a balance left over.
- I received a call from Wendy this morning regarding a selfpay patient receiving a bill from us. Typically, MMSS does not post these charges. Can you please request the team to send me a query when they see a selfpay patient charge so that I can inquire with the office if we are truly to have this charge or not? Usually she said that she marks it, but this one was not marked so I am thinking this is how it got missed. On the same token (since charges and payments come separately), if they receive a payment that is listed as "selfpay" and there is no charge, to also please send me a query before posting to account. I appreciate it greatly!
- Please see email from biller below regarding self pay charges and payments from RPT. Please send query if you receive a charge for self pay or a separate copay stating for self pay patient.

    MMSS does not bill charges out nor post patient payments that are classified as "selfpay". If a charge is received with no insurance and/or if a patient payment is received with no charges, please send query to biller for verification. Effective 11/01/2021 – No need to query self pay charges.

➢ **Contracts:**

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- **CareOregon** PPO, **First Choice** Health Network (formerly Healthcare Direct), **Health Net**, **Integrated Health Plan** (IHP), Lane Independent Provider Association (LIPA), **Lifewise** (Premera), **LIPA Trillium,** **Mid Rogue** IPA (MRIPA), **MultiPlan** PPO, **ODS**, **Optum** - Student Resources (Formerly ACN), Optum - **United Health Care** (Formerly ACN), Optum **TriCare**, **PacifiCare PPO, PacificSource, Private Healthcare Systems** (PHCS), **Providence** MCO, **Regence BCBS Preferred Provider Panel** (PPP)
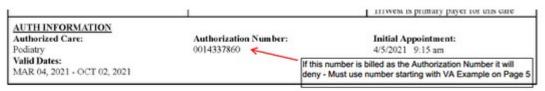
➢ **Insurance Notes:**

- Some companies pay a set rate per day. No matter the service provided they will only pay a flat fee per day. (Fees are current as of 03/06/2018).

❖ $99 - ATRIO, Optum, United Healthcare Commercial, United Healthcare Medicare.
❖ $108 – CIGNA
❖ $110 – Kaiser
❖ $127.50 - Providence EPO

TRIWEST AUTHORIZATION NUMBERS UPDATE:

The number that they provide with the specific label saying **"Authorization Number"** Is not the authorization number for billing purposes. This is an internal authorization number that they use to track the authorization. Do not use this as the Authorization number for billing. The actual Authorization number for All VA Community Care Network claims (I111 in HealthPac) **will always start with the letters VA.** In the attached example it is on page 5 and is VA0012027975.

If we receive a denial for invalid authorization for VA Community Care Network claims this is likely the reason and requires a Corrected Claim to be sent with the proper Authorization Number an Indicator of 7 for Corrected Claim and the ICN of the denied claim.

AUTH INFORMATION
Authorized Care:
Podiatry
Valid Dates:
MAR 04, 2021 - OCT 02, 2021

Authorization Number:
0014337860 ←

Initial Appointment:
4/5/2021 9:15 am

If this number is billed as the Authorization Number it will deny - Must use number starting with VA Example on Page 5

Care rendered pursuant to this Authorization will be governed by the terms and conditions of your current agreement with TriWest Healthcare Alliance Corp. or its Network Subcontractor (together "TriWest"). You must bill TriWest for any services performed under

Here is what the VA number looks like - yes this is buried in the paperwork with no labels indicating it is a useful number.

```
<UserId=UM@triwest.com>
<SendPriority=7>
<FaxSubject=0014337860_OP020>
<RemoteAttachment=//btwsxwvfsh005.triwest.com/uploads/VA0012027975_20210310172901.pdf>
<FaxDestination=15418505990>
<End>
```

> This number VA0012027975 is the actual VA Authorization which must be in the Authorization Field for Community Care Network Patients.

Update - 04/15/2020

DMAP - Clinical Documentation Submission Instructions -

https://onlyoffice.mmsspro.com/products/community/modules/wiki/default.aspx?page=DMAP_-_Clinical_Documentation_Submission_Instructions

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==**Insurance and Authorization query clarifications**==

For Riverside Physical Therapy and insurance listed as Triwest White City VA in WebPT.

This is to be billed to insurance I111 - VA Choice Triwest VA CCN

It looks like we have quite a few patients on the Charge Queries asking for insurance information when it is easily found in WebPT (mostly in eDocs).   If Webpt shows it as Triwest White City and has 5 zeros followed by 4 numbers this is fine to use as the policy number.

Add Insurance

Insurance	Address	Subscriber ID
*TriWest White City VA	8495 Crater Lake Hwy White City, OR 9750...	000009311

Also if there is an authorization supplied (which is in eDocs in WebPT) It will supply the information needed to bill insurance.   This information is in WebPT and available for most of the patients so far that I have reviewed.

Also if you need to see insurance information - please make sure to check the eDocs area of the patient. The

practice sometimes doesn't enter it into WebPT but does scan a copy of the insurance card.

Please have the Charge Queries for RPT reviewed because the authorizations and also insurance information has been in WebPT for many accounts. It could be that it is sneaking behind us but please review the eDocs section for all queries related to insurance information or authorization so that claims can be submitted.

I have attached an example VA Authorization where you can see the policy number and where to bill and that we can use a few different options for the policy numbers.

I have attached an AllCare Authorization for a patient that was on a query but later dates of service were billed with an auth but the prior service was delayed on a query. If we have future services come in with an auth this should have been added to the prior service and taken care of.

I have attached a guide from Triwest for policy numbers. This is also in OnlyOffice at: https://onlyoffice.mmsspro.com/Products/Files/DocEditor.aspx?fileid=11807&action=view