

Provider Newsletter

2019 Q4

Medical Records Documentation Checklist



It is our goal to make the authorization process as easy as possible. Below is a documentation checklist of items that should be included

with the medical records. This should help decrease phone calls and the need for Peer Reviews.

- Pertinent medical history, not just the treatment Diagnosis
- Prior level of function, if applicable
- Specific level of skills for areas of concern
- Baseline information that is related to the goals
- Objective measures/test scores
- Level of overall impairment
- Short / Long term goals (Measurable and Functional)
- Updated goals (Progress reports/Re – evaluations)
- Specific Frequency and Duration
- Approved abbreviations
- Is your document legible?
- Did you document why there were missed visits?

If you have any questions about an approved auth, you can contact the TNGA UM department for a peer-to-peer review at 855-825-7818, option I, option I. You may also contact your TNGA Provider Relations Representative.

Network Provider Medicaid Re-credentialing

Have you completed Medicaid credentialing recently? It is a requirement that TNGA providers complete re-credentialing every 3 years. This re-credentialing is validation of current Medicaid credentialing. Providers must maintain a current credentialing status with DCH in order for them to be re-credentialled with TNGA. Due to the State mandate as of September 1, 2015, all Medicaid providers are required to be credentialed / re-credentialled through the DCH CVO process. For additional information please reference the attached FAQ-Georgia Centralized Credentialing PDF or the link below.

<https://www.mmis.georgia.gov/portal/PubAccessProviderInformation/FAQforProviders/tabid/60/Default.aspx>

Please check to confirm that you have current credentialing status with the DCH CVO (within the last 3 years) so that you can maintain your participation status with TNGA.

Wellcare Medicare Member Information

As a contracted TNGA provider, you see Wellcare members. However, TNGA is not responsible for any Members Services functions for WellCare members, including ID card information, eligibility or provider look-up. If you require member-specific information, you should contact Wellcare of Georgia's toll free number listed on the member's card. This number does vary by benefit plan. Should the member need assistance, they should also be advised to contact the Member Service number indicated on their card. The options at the toll free numbers will allow you to get answers to member questions such as eligibility or co-pay verification. Because you are directly contracted with TNGA, the system may consider you non-par. However, you are still able to request par benefits, eligibility, co-pays, etc. Please inform the representative that you would like in-network benefit information.

CLAIMS CORNER



We want to make sure that getting your claims paid is an efficient manner for our providers. Below are some claims tip and updates on changes that can affect your claims processing:

Upcoming Billing Requirements for Medicare: Therapy Assistant Modifiers

CMS finalized its proposal to establish 2 new modifiers to identify services provided by physical therapist assistants (PTAs) and occupational therapy assistants (OTAs), as required by the Bipartisan Budget Act of 2018. Beginning January 1, 2020, claims from all providers of PT and OT services must include these modifiers for services furnished in whole or in part by a PTA or OTA.

These new modifiers are be appended on the same line of service as the respective PT, OT, or SLP therapy modifiers (GP, GO, GN):

- **CQ Modifier:** Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
- **CO Modifier:** Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant

The 3 therapy modifiers will continue in effect, unchanged, as follows:

- GP – services delivered under an outpatient physical therapy plan of care
- GO – services delivered under an outpatient occupational therapy plan of care
- GN – services delivered under an outpatient speech-language pathology plan of care

Receiving your payment via V-Pay

TNGA Providers asked for an electronic payment solutions, and we listened. In late 2018, TNGA moved to electronic payments via V-Pay. Now, all provider payments are managed by V-Pay. The VCard gives providers a secure method to quickly receive payments. VCard is fast, pays in real time, improves revenue flow and is up to 10 days faster than checks. V-Pay also offers check and EFT options. If you have any questions about V-Pay, please contact V-Pay at 1-855-388-8374. If you have any claims questions, please contact TNGA at 877-372-1273.

Claims Denials for Authorization:

TNGA does not require prior authorization in order for you to evaluate your patients. However it is imperative that you submit you plan of care (along with all supporting documentation) to obtain an approved authorization **prior** to submitting your claims for payment. Claims that are received where no approved referral has been issued will be denied.

Electrical Stimulation

Procedure code **97014** -- electrical stimulation unattended is not a covered code by Medicare (NOTE: 97014 is not recognized by Medicare.) Use G0283 when reporting unattended electrical stimulation for other than wound care purposes.

Bundled Codes

Medicare considers CPT Code **97010** (hot/cold packs) a "bundled" service. When a service is bundled, it means that the reimbursement for the code is built into or grouped with the reimbursement for another code.

Both Codes 97010 and 97602 are bundled. They are bundled with any therapy codes. Regardless of whether they are billed alone or in conjunction with another therapy code, payment is never made separately for these codes. If billed alone, either code will be denied.



Annual Quality Improvement Documents

Annually the Quality Improvement (QI) Department develops Quality documents, which includes a QI & UM Evaluation, Program Description, and Work Plan. The development of the Quality documents satisfies Health Plan and NCQA Accrediting body requirements. The QI & UM Evaluation analyze the QI department's previous year quality indicators, key accomplishments, identify any areas needing improvement, and develop action plans to improve results. The Program Description and Work Plan establish objectives, goals, QI activities, and the QI Program Structure for the current year. Copies of the annual QI documents are available by contacting the QI department at the address below.

**200I South Andrews Avenue
Fort Lauderdale, FL 33316
Phone: 800-422-3672 Ext. 4701
Fax: 305-614-0364**

Clinical Practice Guidelines

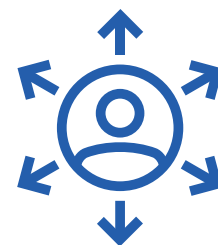
ATA-FL uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines (depending on the LOB) for Medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation. The Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines are reviewed and approved by HSI Medical Advisory committee annually, and are available in both electronic and hard copy format. If a provider would like a copy of a guideline they may contact their assigned Provider Relations Rep and a copy will be provided.



Fraud, Waste & Abuse

All HNI/ATA-FL providers are required to report concerns about actual, potential or perceived misconduct to the TNGA Corporate Compliance Department at:

1 (866) 321-5550



TNGA Provider Relations Territories

Do you have questions that are not addressed in the TNGA Provider Manual? Do you need information that is not available on the TNGA PWP? Do you have changes in practice demographics that you would like to inform us of? The relationship TNGA has with its providers is important to the overall operation of the Network. We make routine visits to our providers to assist with any issues, as well as get any feedback on what may be happening in their respective therapy communities. We want to make sure that you are able to contact your dedicated Provider Relations Representative any time that you need. Our reps are here to assist the provider community with all things TNGA. The rep territory direct contact information is listed below:

Wynneen Perry

404-692-8707 PerryW@mytnga.com

Barrow	Bartow	Catoosa	Chatooga	Cherokee	Clayton	Cobb	Dade	Dawson	Dekalb
Douglas	Fayette	Floyd	Forsyth	Fulton	Gilmer	Gordon	Gwinnett	Hamilton (TN)	Murray
Newton	Paulding	Pickens	Rockdale	Walker	Walton	Whitfield			

Catrina Whitfield

706-834-6924 WhitfieldC@mytnga.com

Banks	Brantley	Bryan	Bulloch	Burke	Camden	Candler	Charlton	Chatham	Clarke
Columbia	Effingham	Elbert	Emanuel	Evans	Fannin	Franklin	Glascok	Glynn	Greene
Habersham	Hall	Hancock	Hart	Jackson	Jefferson	Jenkins	Johnson	Liberty	Lincoln
Long	Lumpkin	Madison	McDuffie	McIntosh	Montgomery	Morgan	Oconee	Oglethorpe	Pierce
Putnam	Rabun	Richmond	Screven	Stephens	Taliaferro	Tattnall	Towns	Treutlen	Union
Warren	Wayne	Wheeler	White	Wilkes	Wilkinson				

Sharon Chambliss

229-573-0194 ChamblissS@mytnga.com

Appling	Atkinson	Bacon	Baker	Baldwin	Ben Hill	Berrien	Bibb	Bleckley	Brooks
Butts	Calhoun	Carroll	Chattahoochee	Clay	Clinch	Coffee	Colquitt	Cook	Coweta
Crawford	Crisp	Decatur	Dodge	Dooly	Dougherty	Early	Echols	Grady	Haralson
Harris	Heard	Henry	Houston	Irwin	Jasper	Jeff Davis	Jones	Lamar	Lanier
Laurens	Lee	Lee (AL)	Leon (FL)	Lowndes	Macon	Marion	Meriwether	Miller	Mitchell
Monroe	Muscogee	Peach	Pike	Polk	Pulaski	Quitman	Randolph	Schley	Seminole
Spalding	Stewart	Sumter	Talbot	Taylor	Telfair	Terrell	Thomas	Tift	Toombs
Troup	Turner	Twiggs	Upson	Wakula (FL)	Ware	Webster	Wilcox	Worth	