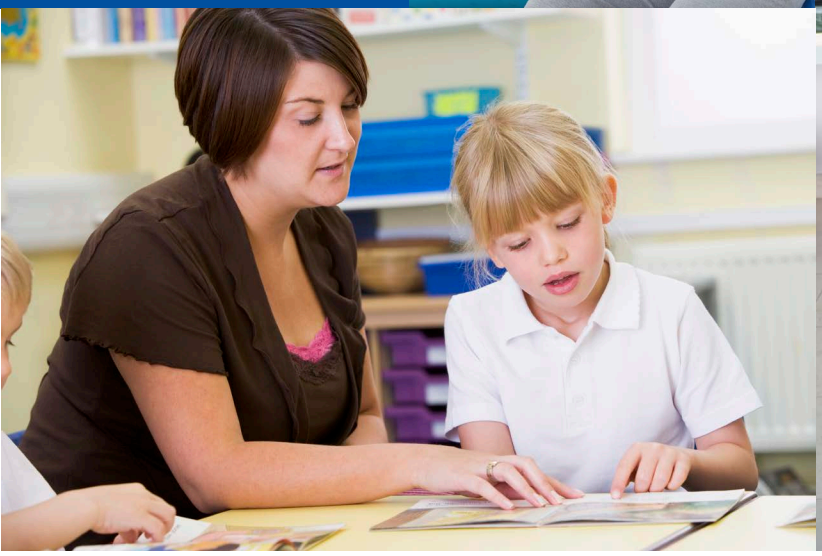

2018

REFERENCE MANUAL

American Therapy Administrators of Florida

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Address:

2001 South Andrews Ave

Ft Lauderdale, FL 33316

Toll Free:

(888) 550-8800

Note: For specific Authorization criteria by Health Plan, please refer to corresponding Health Plan Section in this Manual.

Authorization Process

Overview

The authorization process for ATA of Florida (ATA-FL) is designed to facilitate covered, medically necessary and appropriate services for patients and deliver reimbursement to Therapists ("Provider" or "You/Your") in the most user-friendly and administratively streamlined process possible. ATA-FL can receive an authorization request via facsimile (please refer to the payer specific section of the Manual for the applicable fax number), or to speak with a referral representative, a provider may contact ATA-FL by telephone at (888) 550-8800.

Evaluations

Patient evaluations are covered for eligible members with a physician prescription for therapy. No advance notification to ATA-FL is necessary. Referring physicians will be given a listing of network therapy locations and Providers are also encouraged to educate referral sources regarding participation in the program.

Eligibility should be verified with the Health Plan. As noted in the Provider contract, ATA-FL will not guarantee coverage except for those patients that are both eligible with the payer at the time of service and assigned to ATA-FL. Payment is subject to all ATA-FL contract provisions.

Authorizing Services

Communicating information to ATA-FL:
As soon as possible after completing the patient evaluation, please fax the information requested in the Patient Intake Form (See Attachments). Please note the following regarding this form:

- As a Provider you do not need to answer questions for therapies you will not be performing (for example, if you are doing physical therapy, you would not answer the questions under occupational or speech therapy).
- For medical diagnosis, we are looking for the diagnosis in medical terms (i.e. 723.1 Cervicalgia). It is necessary to include the ICD code. For therapy treating diagnosis, we are looking for the functional reason for therapy, if that is not clearly evident in the medical diagnosis.
- Any developmental delays noted should be measured based on a recognized, standard assessment tool such as Peabody, Bailey's scales, Bruiniks Oferetsky Test of Motor Proficiency, etc.

Authorization Process (cont'd)

- If the child is receiving any therapy services through the school system or a "Birth to 3" program, this information must be provided (describe type and frequency of treatment).
- If the therapy is related to a surgery, please identify the date and nature of the surgery in comments.

Re-evaluations

Some patients may require significant additional covered therapy beyond the duration of the authorization that was issued. In these instances, the provider may request a new authorization. In order to facilitate a new authorization, ALL of the following steps should be taken:

- Obtain a new or renewed physician prescription from the patient's Primary physician.
- Perform a re-evaluation of the patient.
- Submit the Patient Intake Form and include the scores from standard tests, as well as test scores from the previous evaluation.

Upon receiving all pertinent information validating that additional therapy services are medically necessary, an authorization will be issued and the authorization cycle will be renewed.

UM decision making is based only on appropriateness of care and service and existence of coverage. The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

Note: For specific Authorization criteria by Health Plan, please refer to corresponding Health Plan Section in this Manual.

Claims & Reimbursement

Please refer to the payer specific section of the Manual for complete information regarding claims submission and reimbursement.

Supplies & Equipment

Off the shelf supplies are not reimbursed separately from the listed reimbursement.

Custom splints made by hand therapists with a physician prescription are eligible for separate reimbursement. Fax in the Patient Splint Form with materials used, and payment will be assigned according to the ATA-FL fee schedule.

Other braces and splints, orthotics and prosthetics, and durable medical equipment, are not included in our contracts with Health Plans and should be referred to the Health Plan.