

April 22, 2019

To all Therapy Providers,

**RE: Required Documentation for All Authorization Requests**

As of June 1<sup>st</sup>, 2019, all treating providers must submit supporting documentation along with every authorization request. A guide is being provided in the table below to help you understand what is needed in every case.

	<b>INTAKE FORM OR PWP REQUEST</b>	<b>UPGRADE FORM</b>	<b>RX</b>	<b>EVALUATION POC</b>	<b>RE-EVALUATION &amp; POC</b>	<b>PICTURES</b>
Initial Request	<b>X</b>		<b>X</b>	<b>X</b>		
Consecutive Episodes After Initial Request	<b>X</b>		<b>X</b>		<b>X*</b>	
Upgrade Request		<b>X</b>	<b>X</b>		<b>X*</b>	
Lymphedema Request	<b>X</b>		<b>X</b>	<b>X</b>		<b>X**</b>
Multi-Body Parts Request	<b>X</b>		<b>X***</b>	<b>X</b>		

\* If initial documentation was not received, HS1 will need all evaluations from previous episodes

\*\* Required, if Bilateral

\*\*\* Must have new medical order for each body part not included in the original Rx

If any of the above elements are missing, unclear or illegible, TNPR may not approve the authorization request and the case may be referred to the health plan with a recommendation for denial. Failure to provide all required documentation could result in the delay of treatment of your patient. Retrospective requests will not be authorized.

All authorization forms have been updated and loaded into [www.mytnpr.com](http://www.mytnpr.com) for your ease of use. You must complete and authorization request via the Provider Web Portal or use the latest version of the intake documents. To ensure timely processing, please attach the critical elements to your authorization.

**DOCUMENT INFORMATION TO MEET REQUIREMENTS**

- Patient is to be under the care of a physician and services must require the skills of a therapist.
- Services are of appropriate type, frequency, intensity and duration for the individual needs of the patient.
- Documentation should establish through objective measurements that the patient is making progress toward goals.
- Functional information is required, such as patient's current, projected goal and discharge status.

## THE CRITICAL ELEMENTS

- 1. INTAKE FORMS:** If you enter an authorization via the Provider Web Portal, this replaces the need for a physical intake form. If faxing an authorization request, please use the intake form that matches your request (Intake, Upgrade or Splint).
  - If the Intake Form is submitted via fax, please make sure that you complete all sections, including the 3 attestations check boxes. Incomplete Intake Forms may cause delay in processing of the authorization request.
- 2. MEDICAL ORDER (RX) OR REFERRAL FORM (N/A FOR UPGRADES REQUESTS):** Rx is valid for 60 days and must be valid during the period of the authorization request. For subsequent episodes, a new Rx is required
- 3. EVALUATION:** Must include diagnosis which should be specific and as relevant to the problem to be treated. Evaluation must show the benefit of the outpatient therapy plan of care in order to improve Activity of Daily Living (ADL)/function. The initial evaluation, or the plan of care including the evaluation, should document the necessity for a course of therapy through objective findings to support subjective -patient self reporting.  
  
**RE-EVALUATION:** Needs to include new clinical findings, a significant change in the patient condition, or failure to respond to the therapeutic interventions outlined in the plan of care.
- 4. PLAN OF CARE (POC):** Plan of Care must be signed and dated by the referring physician.
  - POC must contain:
    - I. Diagnosis
    - II. Long Term Treatment Goals (Goals should be measurable and pertain to identified functional impairments)
    - III. Type, amount, duration and frequency of therapy services

## SUBMISSION METHOD

Authorization requests may continue to be submitted via the Provider Web Portal, which has been upgraded to allow for documents to be attached to all authorizations requests. You might access our Provider Web Portal at <https://asp.healthsystemone.com/hs1providers>. If you haven't yet registered to use our Provider Web Portal, you can register in the following link: <https://www.mytnpr.com/provider-web-portal.php>.

In the rare instances in which you have to submit a request via fax, please make sure that you send it to 1-800-615-0148.

Please ensure that you share this information with other providers and staff in your practice. If you have any questions, or would like additional information, please feel free to contact your Provider Service Representative, or call us at 1 (877) 614-5056, and select 2.