

Triad Process Quick Reference Q & As

Q – How do I verify patient eligibility and benefit information?

A – Refer to the patient identification card for specific telephone numbers for eligibility and benefit information.

Q – How do I submit care plans to Triad?

A – As a participating provider, you have access to submit care plans over a secured internet site utilizing Triad's Provider Solutions Online capabilities if you do not have internet access, you will need to fax your care plans to Triad at 866-225-1033.

Q - Is an Initial Care Plan always required, and when?

A - An Initial Care Plan (ICP) is required for pre-approval of treatment. ICP's must be submitted before the second visit or, within fourteen business days of patient's initial date of entry, whichever occurs first. ICP's must be submitted for patients returning to care with a new diagnosis or patients returning to care after an interruption of greater than ninety days.

Q - Is an Extension of Care Plan required, and when?

A - An Extension of Care Plan (EOCP), must be submitted within three business days of the patient's last approved date of service (for continuous care) or within three business days of the patient's date of return to care (interrupted episode or supportive care). EOCP's must be submitted for continued care to a patient beyond thirty days from the approval date of a current care plan and for patients returning to care after an interruption of less than ninety days.

NOTE: Each unrelated, concurrent condition requires a separate care plan.

Q – When and how will I receive a treatment determination?

A – Determination letters are generally returned within one business day of submission of the completed form. If you register for online capabilities, you will receive an email indicating that your treatment determination is ready to be viewed; you will then be able to log-in, view and/or print your determination summary or letter. If you do not have internet access, your determination letter will be returned by fax to the provider submitting the care plan.

Q - Is a PCP referral necessary?

A – Referrals are required for the initial visit, however, all treatment requires a care plan and care plan approvals will supercede referral recommendations.

Q – What is Triad's view on initial visits?

A – Triad recognizes initial visits by proper submission of the appropriate CPT codes. New patient E & M codes are defined as the first time a patient presents for services or any re-presentation to an office for services after an absence of three years or more. Ref: CMS, AMA, ACA Coding Solution. The initial visit must be included on the ICP in addition to the number of visits being requested.

Q – Who do I call if I have a question or concern?

A – Our Network Service department is staffed from 8:00 a.m. to 6:00 p.m. EST and is dedicated to answering provider calls. You can reach them at 800-409-9081.

Q - When should the Claim Appeal Request Form be utilized?

A - The Claim Appeal Request Form would be utilized if there is a discrepancy with a non-clinical determination. Please be sure to be as specific as possible regarding your appeal and complete all sections of this form, (i.e. CPT codes and dates of service) also, include any additional documentation to support the appeal.

Q - When should the Addition of Services Form be utilized?

A - The Addition of Services Form is to be utilized for current treatment plan submission errors, (i.e. date range change/correction or CPT code addition/change/correction). This form cannot be utilized to extend visits beyond those previously approved or to add or change a diagnosis (ICD9) code. An Extension of Care Plan (EOCP) must be submitted for continued care. Again, this form is only valid for CURRENT TREATMENT PLANS.

Q – What will happen if all of the fields are not completed and I submit a care plan?

A – A letter will be returned to you via fax within 24 hours, identifying where the error occurred. You will have 48 hours to return a corrected care plan to Triad. Failure to return this care plan within the 48 hour timeframe may result in non-certification of care.

Q – How can I obtain a provider manual and care plan forms?

A – The provider manual and all forms are located on our website at www.triadhealthcareinc.com, provider section / provider manual and forms. Please refer to your provider manual as it is a valuable resource for plan specific requirements.

Q- What does it mean if I am participating with Multiplan?

A – Triad does not medically manage care for Multiplan. However, pre certification authorization may be required by certain benefit plans. Be sure to verify member benefits and eligibility with the telephone number on the back of the ID card. By participating, you are now included in Multiplan's provider directory. If you choose to opt-out of Multiplan, Triad will require written notification.

Q – What does it mean if I am participating with Intracorp PPO?

A – Triad does not medically manage care for Intracorp PPO. Intracorp PPO is a national network only for workers compensation. By participating, you will be included in the Intracorp directory which is updated quarterly. Intracorp PPO follows all workers compensation protocols. If you choose to opt-out of Intracorp PPO, Triad will require written notification.