



**Network Broadcast Fax**  
**80 Spring Lane, Plainville, CT 06062**  
**Fax Ref. # 194**

May 30, 2012

*Triad's PPO Fee*

**Q: Why is Triad taking a \$3 fee from the provider in the PPO program?**

Triad always charges and receives a fee from health plans for the services we provide. In most cases, these fees are separate and distinct from the fees paid by Triad to its network providers. Occasionally, it is necessary to include Triad's administrative fee to the health plan in the allowed amount we negotiate for our network providers. This is why we have included language in your Triad Participating Provider Agreement to allow for these types of arrangements. Please refer to article 2 section 2.3 of your Participating Provider Agreement.

In these arrangements, Triad's full administrative fee is disclosed to you in advance of your accepting to participate, as we have done in the case of the new Aetna PPO program. In this case, Triad's fee is \$3 for dates of service on claims processed by Triad where the allowed amount exceeds \$53. Triad's fee is not taken from the contractual daily allowed amounts that have been provided to you in prior notice, which will always be paid in full as stated in the fee schedule.

The \$3 fee Triad receives is well below industry standard for the services we are providing and as a result permits us to maintain the highest possible reimbursement to you when negotiating with health plans in a very competitive third party vendor environment.

We know that some providers would prefer if there were no third party vendors like Triad, and therefore there would be no discussion of third party fees. This is not a realistic position in today's healthcare market. There are few, if any, chiropractic business entities, legally and financially capable of providing the services Triad provides. These services are the standard within healthcare and health plans must provide them to remain competitive and compliant to various state and federal laws and national accreditation requirements.

For our \$3 Triad must provide UM/QM programming, claims processing, network management and a host of reporting and ad hoc services. We are aware of vendors that charge a percentage of their fee schedule allowed amount as their fee, Triad does not. We are aware of vendors who charge four to five times what we charge for these services, most of the time this difference is derived from lower network reimbursement rates. For a direct comparison, there is one vendor that charges its network providers a \$3 fee for every paper check it produces for reimbursement. Their \$3 is in addition to the fee they already receive for their core services. In balance, we stand strongly on the position that our fee is reasonable, competitive and reflective of our historic effort to negotiate the highest reimbursement rates possible for our network of participating providers.

If you should have any questions please call Triad's Provider Service Center at 1-800-409-9081.



							HMO	PPO*
New Patient Initial Visit Maximum Daily Allowed Amount							\$100.00	\$103.00
Established Patient Visit Maximum Daily Allowed Amount (Distinct E&M Included)							\$75.00	\$78.00
Established Patient Maximum Daily Allowed Amount (NO distinct E&M Included)							\$50.00	\$53.00
* Provider will deduct a \$3 fee on PPO claims for each unique date of service paid at the Maximum Daily Allowed Amount								
BELOW IS A LIST OF CODES THAT MAY BE REIMBURSED FOR NEW OR ESTABLISHED PATIENT VISITS UNDER THE Maximum Daily Allowed Amount								
CATEGORY	CPT	FEE	CPT	FEE	CPT	FEE	CPT	FEE
New Patient Codes	99201	\$50.84	99203	\$78.74	99204	\$100.51	99205	\$105.95
	99202	\$63.60						
Established Patient Codes	99211	\$31.51	99213	\$45.11	99214	\$70.80	99215	\$77.35
	99212	\$42.38						
GMT	98940	\$31.05	98941	\$36.47	98942	\$43.19	98943	\$27.65
Consultation	99241	\$61.00	99243	\$94.50	99244	\$120.61	99245	\$127.14
	99242	\$76.32						
Modalities/ Procedures	97010	\$12.47	97024	\$10.62	97110	\$18.79	97504	\$19.09
	97012	\$14.46	97026	\$9.24	97112	\$18.25	97530	\$19.97
	97014	\$12.47	97032	\$12.46	97116	\$14.96	97535	\$25.08
	97016	\$14.15	97033	\$12.62	97124	\$13.98	97703	\$14.14
	97020	\$8.27	97035	\$10.53	97140	\$17.04	97750	\$21.37
	97022	\$12.15						
Strap/Splint	29200	\$60.83	29220	\$60.43	29520	\$61.22		
Radiology	72010	\$58.00	72070	\$33.96	72190	\$35.70	73510	\$31.88
	72020	\$23.08	72080	\$34.64	73030	\$30.55	73562	\$30.67
	72040	\$32.27	72100	\$34.64	73080	\$30.72	73600	\$25.99
	72050	\$48.63	72110	\$49.37	73100	\$25.99	73610	\$28.16
	72052	\$60.14	72114	\$62.36	73120	\$25.99	73620	\$25.37
	72069	\$28.35	72170	\$27.79	73500	\$25.94	73630	\$27.91
Electrodiagnostic Testing	95860	\$82.94	95867	\$67.12	95904	\$34.25	95934	\$38.86
	95861	\$114.63	95868	\$93.84	95925	\$81.63	G0283	\$7.89
	95863	\$140.09	95869	\$29.03	95926	\$81.63		
	95864	\$181.94	95903	\$43.50	95927	\$81.63		
Miscellaneous	99056	\$45.00	99070	\$30.00				
EXCLUDED FROM Maximum Daily Allowed Amount								
Preventative Medicine	See Appendix A for Fees							

Today's Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_ NPI: \_\_\_\_\_

Facility / Office Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Member Name - Last: \_\_\_\_\_ First: \_\_\_\_\_ MI:  M  F

Member Identification Number : \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

1. Please provide the first date of service for which you are requesting prior authorization: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Diagnoses (ICD-9/10 Code):

Primary	Describe:	_____
Secondary	Describe:	_____
Additional	Describe:	_____
Additional	Describe:	_____

**PLEASE NOTE**

This form is your notice to Triad that you are choosing to request prior authorization for the identified member rather than submit claims that may be subject to retrospective or post service review. The information on this form will be used by Triad to identify you and the member for whom you are requesting prior authorization. In addition to this form, you must provide Triad with medical records that, at a minimum, include your initial examination and assessment findings and any clinical notes for dates of treatment provided to this patient. A more detailed description of the documents that you may submit as medical records can be obtained at the bottom of this form. Triad's review of the medical necessity for ongoing care is based on published Triad medical policies ([www.triadhealthcareinc.com](http://www.triadhealthcareinc.com)) and the member's health plan benefit policies which will be referenced in the determination letter provided to you upon completion of our review. **Review Process:** Triad will, upon receipt of this form, determine if medical records have been attached and if so, are sufficient to render a determination. If care is supported, Triad will authorize a plan of care and allow an opportunity for timely re-evaluation to determine if further care is required.

**MEDICAL RECORDS MUST BE SUBMITTED WITH THIS FORM**

Please provide medical documentation from onset/date of injury, including but not limited to: exam narrative, office notes, results of diagnostic tests and/or any equivalent notes which demonstrate your patient's condition and/or progress to date. Submission of this form, without medical records, will limit our ability to administer prior authorization. (PVR, CP.FM.001.001)