

New Health Plan Implementation — AvMed Medicare

Effective July 1, 2022, Health Network One's Therapy Network of Florida will be the mandatory network for Outpatient physical therapy, speech therapy and occupational therapy services provided in a free-standing Facility or office setting, for AvMed's Medicare enrollees.

Medicare Coverage Area

Miami-Dade and Broward Counties

Service Exclusions

Tertiary or medically fragile cases, Hospital based and/or Inpatient Therapy, Home Health, Partial Day Rehabilitation, Spinal Cord Injuries, Non-traditional free-standing rehabilitation Therapy services including, but not limited to hippo therapy, art therapy, music therapy, vision therapy, aquatic therapy, ABA and cognitive therapy are not covered by TNFL. Our UM team will assist providers in referring any patients identified as such to the health plan.

Patient Responsibility

Providers may confirm co-pay, deductible, co-insurance and MOOP details through Availity at www.availity.com. For any questions regarding patient responsibilities, please contact

How to receive payment for services

All rendering providers MUST request a Payment Control Number. You may request a payment control number by submit the following Critical Elements via our Provider Web Portal at mytnfl.com/hs1portal. However, fax is available as an emergency backup via TNFL fax at 1-855-410-0121.

1. Prescription or Referral Form (N/A for reevaluations)
 - Evaluation;
 - New POC/evaluation must be signed by the treating Therapist;
 - Expired POC from the certification period that just ended must be signed by the treating Therapist and referring provider (Physician/ ARNP/P.A./Chiropractor).
2. POC with diagnosis signed/dated by the referring provider (Physician/ARNP/P.A./Chiropractor) and/ or Letter of Medical Necessity (LMN)
 - The Plan of Care must include the evaluation and the start and stop dates.
 - The Plan of Care must include the Signature of the referring provider (Physician/ARNP/P.A./Chiropractor) recorded on or after the recorded date of the treating therapist's signature.
 - The therapist that develops the POC must sign and date the document on the date it is completed. The therapist must sign and date the POC prior to the PCP's signature and date. The PCP may sign and date the POC on the same date the therapist signs and dates the POC.
3. Assessment Scores clearly denoted CRITICALLY IMPORTANT: If any of the above elements are missing, TNFL will not be able to issue a payment control number.

Provider notification of Payment Control Number

Via the Provider Web Portal at mytnfl.com/hs1portal

Requesting a Control Number for Multiple Therapy Disciplines

If a patient requires treatment for more than one type of therapy during the same treatment period, such as both Occupational and Speech Therapy, follow the steps outlined below:

1. Request two separate control numbers via the Provider Web Portal at mytnfl.com/hs1portal or via fax to TNFL at 1-855-410-0121.
2. All documentation requirements, including the 4 Critical Elements must be included for each discipline with each request.
3. All requests of this kind, for more than one therapy discipline, will be submitted to Clinicians for the review of medical necessity.

TNFL does not issue separate episode levels for symptoms or conditions associated with the main diagnosis. For example, for a therapy of Status Post Total Knee Replacement, TNFL assigns a payment control number level according to the date of surgery. Concurrent therapy for pain, including back pain, gait, instability, muscle weakness, etc; would be considered related to the main diagnosis, and TNFL will not issue a separate payment control number level.

Requesting a Payment Control Number for Custom Hand Splints

All treating providers MUST submit the Patient Splint Form to receive a payment control number. The form is located on the TNFL website mytnfl.com under provider resources. Providers must submit the form via fax to TNFL at 1-855-410-0121. Upon receipt of the payment control number request, an TNFL clinician will review the request and issue a level for payment.

Claim submission

The preferred method of claim submission is EDI. Providers may use the HN1/HS1 Web Portal healthsystemone.com to submit claims. Our Web Portal providers may use the portal to check status of your submitted claims 24/7 regardless of the method of submission (paper, electronic, Web Portal entry). If you wish to sign up, please visit mytnfl.com to register for an account. If your office prefers to submit claims electronically, our **Payer ID is 65062 for professional claims and 12k89** for institutional claims. It will be necessary for a provider to submit their electronic claim encounters to TNFL via this Payer ID.

As a Provider if you still prefer to submit via paper, please send CMS 1500 forms or other approved billing forms (i.e. UB04) to:

**Therapy Network of Florida
Claims Processing Center
P.O. Box 350590
Ft. Lauderdale, FL 33335-0590**

Please note: If you submit an encounter prior to receiving a payment control number from TNFL, the claim will approve and Pay at Zero with the reason code 2343.

- Reason Code 2343 - Services are approved. Please submit via the Provider Web Portal a copy of the Therapy Prescription, Plan of Care and the Evaluation record so proper payment may be issued.

For status of claims, please call Claims Customer Services at 877-372-1273. Please listen carefully to the voice prompts.

If you have any further questions, please contact our TNFL Provider Relations Department at 1 (888) 550-8800 Option 2, or visit our website at mytnfl.com.