1. TRICARE insurance requires that we have in our possession authorizations (Prime) or referrals (Select) as documentation supporting the medical necessity of the therapy services provided by AASL.  These documents have listed a diagnosis code which was determined by the client’s medical doctor.  There may be a list of more than one diagnoses.  Upon receipt of this documentation, Patient Scheduler enters the applicable codes in Raintree consistent with the authorization or referral.
2. SELF-PAY clients may elect to request a script or referral from the Primary Care Physician if they are planning to submit paid invoices in hopes of acquiring reimbursement from their private commercial insurance company.  If we are provided a script, Patient Scheduler, will enter such diagnosis code as their primary diagnosis in their chart.
3. The primary diagnosis provided by the medical doctor should remain diagnosis code #1 in the client’s chart.  If a therapist determines after testing that additional diagnosis codes are applicable for the client, they should send an email to Client Service Manager to add the codes, listing them in the order to be added and the effective date.  Client Services Manager will then enter this information in all the applicable areas on Raintree.
4. If a primary diagnosis code is changed by the Primary Care Physician at the time of the new authorization or referral, the Client Services employee handling TRICARE will update Raintree accordingly for TRICARE families, and the Client Services Manager, will update for SELF-PAY clients.
5. If a therapist believes that a diagnosis code needs to be updated as it is not applicable to the child, the therapist will email the Client Services Manager requesting such change.
6. If a parent brings in a report to share with our clinic from another professional with added diagnoses that you, the therapist, believe should be added to their chart, please email the Client Services Manager to make this addition.  In addition, share the supporting document from the professional with the Front Desk Receptionist to upload to Raintree.

**PROCEDURE AGREEMENT LOG**

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| Sign and date with your name if you are required to know this policy. By signing you are attesting that you have received, read, and understand the policy, and will apply it as required. |
|  (Name) (Date) |
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