How to view Alliant Medical Claims Notes

In order to view the Alliant Medical Claims Notes in GAMMIS, please follow the steps below:

1. Once the claims information is viewable for the ICN in question, scroll down to the bottom of the page.
    a. You will scroll past the following sections: diagnosis, other payer claims data, other payer adjustment information summary, detail, detail other payer information summary, detail other payer adjustment information summary, hard-copy attachments, claim status information and EOB information.
2. The Claim Review Notes are below the EOB Information.

Claim Status Information	
Claim Status	DENIED
Claim ICN	000000000000
RA Paid Date	05/22/2023
RA Paid Amount	$0.00

EOB Information		
Detail Number	Code	Description
1	0309	RENDERING PROVIDER IS UNDER REVIEW
2	0309	RENDERING PROVIDER IS UNDER REVIEW
3	0309	RENDERING PROVIDER IS UNDER REVIEW
4	4014	NO/PARTIAL PRICING SEGMENT ON FILE FOR DETAIL DOS

Claim Notes
Note
Denied. The documentation is incomplete for review. The dated Treatment Plan does not cover the billed DOS. Per the DCH Part 1 Policies and Procedures Manual, section 401.1 Prepayment Review, B) The Department or its representative reviews the provider's documentation to determine whether the claim is appropriate for Medicaid payment based on criteria including, but not limited to, provider documentation which establishes that: 1. Services were provided according to DCH policy requirements 2. Billed services were medically necessary, appropriate, and not in excess of the member's need; 3. Members were Medicaid-eligible on the date the services were provided; 4. Prior authorization was obtained if required by policy; 5. Providers and their staff were qualified as required by Medicaid policy; and; 6. Providers possessed an active Medicaid provider number, licenses, and certifications at the time the services were provided to the Medicaid member(s). Denied. The documentation is incomplete for review. Billing procedure code 90853 -U3-U6 but utilizing an intervention reserved for 90836 and 90837. Per the DBHDD Manual, FY 2023 (1/1/2023), page 409, 8. PROGRESS NOTES, C. Progress note documentation must address and adhere to the following: ii. Service billed All progress notes must contain the corresponding HCPCS/CPT code, which must include any designated modifier. When documenting practitioner modifiers, the modifier must indicate the reimbursement level, which may differ from the practitioner level in certain cases. For example, if a RN provides CSI, the RN would include the modifier U4 to indicate the practitioner level even though an RN is generally a level 2 Practitioner. Denied. The documentation is incomplete for review. Progress note indicates group therapy session in office setting with no indication of number of participants in group session. Per the DBHDD Manual, FY 2023 (1/1/2023), page 147, Staffing Requirements: Maximum face-to-face ratio cannot be more than 10 individuals to 1 direct service staff based on average group attendance. Please clarify number of participants in attendance in group therapy.

3. If there is no information under "Claim Notes," then the claim was not reviewed by Alliant.
4. Please note that the Alliant Medical Claims Notes are visible for those claims reviewed after 11/30/2022.
5. If you have questions or issues, please contact Gainwell for assistance. The Gainwell provider call center which is open from 7 a.m. through 7 p.m. Eastern Standard Time at 1-800-766-4456, or use the Contact Us on the Georgia MMIS Web Portal at www.mmis.georgia.gov.