

Helpful Tips to Use When Completing ValueOptions® Maryland Authorization Requests

ValueOptions® is continuing to modify the web based authorization system in order to meet Maryland's system requirements. The changes will be made in two phases. The first phase will be late September and the second phase will be mid-November.

This document will provide a guide for you during the interim until all the changes are incorporated. In addition, at the request of the provider community, the option to "pend and save" an authorization request, prior to submission, is planned for mid-November. At that time the individual plans will also be revised and have a print capacity that only prints the plan and not blank pages. In addition, for outpatient services there will be an individual plan that will meet COMAR requirements.

For all Outpatient services, providers will need to enter the CPT code related to the applicable service being requested. This includes **OMS and Non-OMS Outpatient services, Therapeutic Behavioral Services, Occupational Therapy, Psychiatric Rehabilitation Programs (PRP), Respite, Supported Employment, Mobile Treatment Services, Therapeutic Nurseries and Case Management Services**. CPT codes may be found on the ValueOptions Maryland website at <http://maryland.valueoptions.com/>, then go to the Provider Tab.

You will also note on the Requested Services tab you are directed to enter a place of service code. For Supported Employment, select, Office, Mobile Unit (on job site), or Other as the place of service.

The following information is applicable to all Outpatient Service requests:

- On the **Requested Services** tab, you will be asked to fill in a CPT Code, however, the rules for authorization of outpatient services have not changed. For example, a non-OMS provider can request a 90801 and still get all the services typical of an OP authorization request.
- For all Outpatient services, please disregard the units on the **accept/reject** screen as it is merely the maximum number of units allowed for that service class. Please confirm "accept" on this screen, then request the number of units on **Requested Services** tab under the "visits/units" column.
- Providers may upload and attach an individual/treatment/rehabilitation/vocational plan while on the entry page during a concurrent authorization request. If you have already progressed through the tabs, and then realize that you need to upload and attach the plan, this system will allow you to go back and do so; as long as you have not already **submitted** your request.
- Currently, there are 2 ways to print the individual treatment plan. You can print from your browser which will print just the individual care plan or from the confirmation page which will print all the tabs in the authorization request. Both of these printing options will take up to 20 or more pages of print. In future enhancements, VOMD will have signature line and date and the end of the individual treatment plan and by mid-November, the goals will be collapsible and expandable which will allow you to print only the goals that have been populated.

OMS

OMS services are still bundled. For an OMS authorization request, you will be asked to fill in a CPT Code, however the rules, including limitations, related to the OMS bundle have not changed. You may choose any one of the allowed OMS CPT codes. For example you may enter a 90801 and you will not need to specify any additional codes. Putting in the CPT code does not change the number of service units. Approved OMS authorization requests will still be for 150 service units.

SUPPORTED EMPLOYMENT

1) On the Diagnosis tab, please note Axis III, IV and V are **not** required for Supported Employment.

2) On the **Supported Employment** tab, please select YES for **ONLY** one of the first four questions (below).

*Are you requesting Supported Employment Pre-Placement?

Yes No

*Are you requesting Supported Employment Job Placement?

Yes No

*Are you requesting Supported Employment Intensive Job Coaching?

Yes No

*Are you requesting Supported Employment Extended Services or PRP to Individuals in SE?

Yes No

4) Some DORS counselors do not have the software installed to be able to access **ValueOptions®** system. DORS is in process of upgrading its computers for this purpose. You will need to contact your DORS counselor to determine if that counselor has VO access and if not you may need to FAX the DORS application and related information the counselor until the counselor has access to the system.

PRP SERVICES

Use the clinical criteria box to justify the need for PRP services.

On the **Individual Plan** tab:

For the initial request, the individual plan is not required.

On the first concurrent review, the individual plan is required.

However on subsequent concurrent reviews, the system will auto populate the information entered from the most recent concurrent review.

MOBILE TREATMENT/ACT

On the **Diagnosis** tab, there is not a hyperlink to the clinical criteria. This will be added during a future enhancement. In the meantime, please use the narrative clinical criteria box to justify the need for Mobile Treatment or Assertive Community Treatment.

Currently, **do not use the Treatment Plan** tab for Mobile Treatment/ACT. Please upload your treatment plan at the beginning of the initial entry page. If you have already progressed through the tabs, and then realize you need to upload and attach the treatment plan, the system will allow you to go back and do so; as long as you have not already **submitted** your request.

On September 25th, VOMD will activate the **Individual Plan** tab and **de**activate the **Treatment Plan** tab. Again, do not use the **Treatment Plan** tab, instead upload your plan using the attach documents function.

Thank you.