



PROVIDER ALERT

AUTHORIZATION PARAMETER UPDATE – Part 1 SUBSTANCE USE DISORDER PROVIDERS

JULY 23, 2015

Effective July 22, 2015, ValueOptions has updated the authorization choices for providers to ease administration and resolve some current claims issues. Please carefully review the information below and choose the proper authorization category based on the services you are providing.

For SUD services, physicians (and those providers billing a CPT code for services) need to use the authorization categories under drop-down “Provider Type 20”. SUD Programs should use the appropriate category under their respective Provider Types of 50 or 32.

ValueOptions will be holding a series of webinars explaining these changes starting tomorrow, Friday, July 24, 2015. A schedule will be published shortly.



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Outpatient Substance Use Workflow

Type of Care Drop Down Updates

“Buprenorphine Induction” is now “Program (Provider Type 32) Buprenorphine Induction”

“Buprenorphine Maintenance” is now “Program (Provider Type 32) Buprenorphine Maintenance”

“Outpatient Treatment” is now “Program (Provider Type 50) Outpatient Treatment”

“Outpatient Assessment (TCA)” is now “Outpatient Assessment”

New Type of Care “Physician (Provider Type 20) Buprenorphine Maintenance” has been added.

New Type of Care “Physician (Provider Type 20) Buprenorphine Induction” has been added.

New Type of Care “Private Practice Outpatient Treatment” has been added. For Provider Type 20.

StagingCONNECT

Requested Services Header

All fields marked with an asterisk () are required.
Note: Disable pop-up blocker functionality to view all appropriate links.*

*Requested Start Date (MMDDYYYY): 07/21/2015

*Level of Service: OUTPATIENT/COMMUNITY BASED

*Type of Service: SUBSTANCE USE

*Level of Care: OUTPATIENT

*Date of Initial Contact (MMDDYYYY):

*Days Waiting for Service:

Provider: Tax ID: 652

Member: Member ID: M000024921

Attach a Document

Complete the form below to attach a document with this Request
The following fields are only required if you are uploading a document.

*Type of Care:

- SELECT...
- SELECT...
- AUTH MONITORING
- CONTINUING CARE
- COORDINATION OF CARE
- EARLY INTERVENTION
- HALFWAY HOUSE 3.1
- HOSPITAL ALCOHOL REHAB
- HOSPITAL DRUG REHAB
- OPBU OMS
- PROGRAM (PROVIDER TYPE 32) BUPRENORPHINE INDUCTION
- PROGRAM (PROVIDER TYPE 32) BUPRENORPHINE MAINTENANCE
- RECOVERY COACHING
- RECOVERY/SUPPORTED HOUSING
- PROGRAM (PROVIDER TYPE 50) OUTPATIENT TREATMENT
- OUTPATIENT ASSESSMENT
- AMBULATORY DETOX
- METHADONE MAINTENANCE
- OUTPATIENT DRUG AND ALCOHOL REHAB
- HOSPITAL OP BH REHABILITATION
- AVATAR SERVICES
- PHYSICIAN (PROVIDER TYPE 20) BUPRENORPHINE INDUCTION
- PHYSICIAN (PROVIDER TYPE 20) BUPRENORPHINE MAINTENANCE
- PRIVATE PRACTICE OUTPATIENT TREATMENT

Vendor ID: 0483641

Date of Birth (MMDDYYYY): 01011980