

PROVIDER ALERT

REQUESTED SERVICES SELECTION

DECEMBER 29, 2016

Requests for the following Types of Care: Maryland RecoveryNet (MDRN), Psychiatric Rehabilitation Program (PRP), Residential Rehabilitation Services (RRP), Supported Employment, and TBI Waiver, require providers to manually enter in the Service Code and Modifier, if applicable, in the "Requested Services" screen to submit a Request for Service.

All fields marked with an asterisk (*) are required. Note: Disable pay-up blocker functionality to view all appropriate links. For certain types of care, further functional review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero. Please indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed.								
Requested Services								
*Place of Service	•	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units	
SELECT	~						6	
SELECT	~							
SELECT	~							
SELECT	~							
SELECT	~							

Effective Immediately, providers requesting these services will have to select the Service Code and Modifier from a pop-up window by clicking the "Click Here to Add or Modify Service Codes" button on the "Requested Services" screen.

All fields marked with an asterisk (*). Note: Disable pop-up blocker function for carbin have of eras (stabe chair Rease indicate the CPT codes and an Click Here to Add or Modify Servi Requested Services	nality to view all appropriate links. In content or any iced before units can be only and the content of the content of the content of the content of In modifiers for services that are being requ	letermined. In these ca: vested. Units should ren	ses, the total number of units a nain as zero on request until thi	vailable as displayed on the bot further clinical review is comp	tom of this page will be zero. leted.		
*Place	of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
OFFICE	~	H2018	U5				6
	TION SERVICES, PER DIEM MINUTES 5, AS DEFINED BY EACH STATE						
SELECT	~						
SELECT	~						
SELECT	~						
SELECT	~						



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The pop-up window that displays will allow you to select one or multiple service codes by clicking the appropriate checkbox to the left of the Code. The Service Codes / Modifiers listed will be specific to the Type of Care that you have previously selected. The example below shows only the Service Codes / Modifiers for RRP services and will be expanded to include all Service Codes and Modifiers appropriate for the services that are affected. Place of Service and Units being requested may be adjusted after saving the codes.

Select Service Codes - Internet Explorer								
				CLOSE W	INDOW			
				Save	Close			
Units b via this	NOTE: Select codes for this authorization request by checking the box next to the services being requested prior to saving the selection. Units being requested may be adjusted after saving codes. To de-select a code, uncheck the box. A limit of 20 services can be requested via this form – if additional services are required please indicate the services within the free text Focus of Care box or as an attachment to the request.							
	Code	Mod 1	Mod 2	Mod 3	Mod 4	Description		
	H2018	U4				PSYCHOLOGICAL REHABILITATION SERVICES, PER DIEM MINUTES MEDICAID LEVEL OF CARE 4, AS DEFINED BY EACH STATE		
	H2018	U5				PSYCHOLOGICAL REHABILITATION SERVICES, PER DIEM MINUTES MEDICAID LEVEL OF CARE 5, AS DEFINED BY EACH STATE		
	H2018	U6				PSYCHOLOGICAL REHABILITATION SERVICES, PER DIEM MINUTES MEDICAID LEVEL OF CARE 6, AS DEFINED BY EACH STATE		
	H2018	U7				PSYCHOLOGICAL REHABILITATION SERVICES, PER DIEM MINUTES MEDICAID LEVEL OF CARE 7, AS DEFINED BY EACH STATE		
	T1023			Save	Close	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER		

Questions should be referred to marylandproviderrelations@beaconhealthoptions.com