VALUE BEHAVIORAL HEALTH of PENNSYLVANIA
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Frequently Asked Questions on the Auto Authorization Process

Q: When did the "Auto Authorization" process start?
A: On May 1, 2010 VBH-PA went live with the auto authorization process that was announced in early 2010 and during the webinars in March 2010. The transition period for obtaining authorizations started on May 1, 2010 and went until May 1, 2011 when the "By Pass" units were expired. Several articles were published in our monthly newsletter called "ValueAdded" and several email blasts also were sent out during 2010-2011. We encourage all providers to read our newsletters and emails to keep current with our business practices.

Q: When can we start using ProviderConnect?
A: ProviderConnect is available now to review authorizations, request authorizations, review claims, etc.

Q: Will only 72 units be available? What if more are needed?
A: You can not exceed more than 72 units in the auto authorization process for Outpatient services. If more units are needed you will need to complete an RFS form when submitting via ProviderConnect, or ORF1/OAR by fax prior to the service date needed. If you chose not to use the Auto Authorization process, you will have 5 business days to request an initial authorization and concurrent authorization requests should be in 10 business days prior to the date needed. These requests will be processed within 10 business days.

Q: How long is the auto authorization approved for?
A: The auto authorizations are approved for one year.

Q: When can I request a new auto authorization?
A: The auto authorizations are approved for one year, and a new one can be requested 30 days prior to the existing authorization's expiration date.

Q: What time frame do we have to get the "Auto Authorizations" entered?
A: You have 30 calendar days prior and 30 calendar days from the date of service to enter the "Auto Authorization." **This time frame only applies to Auto Authorization requests.**

Q: Can I request Outpatient (OUT), Medication Management (RXM) and Examinations (EXM) in the same request?
A: Yes. VBH-PA has programmed it so that a combined 72 units will be auto authorized. You can use all 72 units for Outpatient (individual, group and family therapy) or break it

out into 48 OUT, 22 RXM, and 2 EXM, or any combination that is needed specific to your member. However, the units can not exceed 72.

Q: If provider A auto auths 72 units of OUT, and the member goes to another provider B, can provider B auto auth 72 units.

A: Yes. If provider A only made one request for the 72 units then provider B will be offered 72 as well.

Q: What Place of Service Code (POS) do I select for Outpatient Services (OUT)?

A: Please select "**OFFICE**" for Outpatient Services (OUT), Medication Management (RXM), and Examinations (EXM) when selecting these services separately or combined. "OFFICE" equates to POS code = 11.

Clozapine Authorizations:

Q: Can I auto authorize Clozapine?

A: Yes. Up to **104 units** will auto auth per member per 12 months.

Q: If I have an existing auth (overlapping) for Outpatient (OUT), can I get an auto auth for Clozapine?

A: Yes, 104 units can be auto approved. You can break it out into four different service classes **(CME, CS1, CS2, or PRC)** for a total of 104 units.

Q: Can I combine a request for (auto auth) Clozapine, and Outpatient (OUT) at the same time on the same request.

A: No. Since they are two different types of care, two different requests need to be submitted, but the member can receive services at the same time.

Q: What Place of Service Code (POS) do I select for Clozapine?

A: Please select "**OFFICE**" for Clozaril Monitoring and Support (CME), Clozaril Support Services (CS1),Clozaril Support Services (CS2), and Clozaril Support Partial (PRC).

Medication Management Authorizations:

Q: If I have an auth for Medication Management that overlaps to the next year can I Auto Auth just OUT?

A: Yes, OUT will Auto Auth 72 units

Q: How do I request Medication Management?

A There are two ways. First, the workflow is set-up in this order; Outpatient, Mental Health, Psychiatric, and select the Service Class for Medication Management (RXM), and the number of units. The units can not exceed 72 units, and can be submitted as a combined request with OUT services.

The second way is to click the Level of Service drop down list and you will notice the Medication Management choice. If this is selected the request will offer you 24 units of Medication Management for a 12 month period.

Q: Can you request Med Checks for 24 Units and Outpatient for 72?
A: Yes, but they must be on separate requests as shown in the PowerPoint.

Q: What Place of Service Code (POS) do I select for Medication Management?
A: Please select "**OFFICE**" for Medication Management (RXM)

Evaluations / Examinations:

Q: What is the maximum amount of units that can be requested in a year for an evaluation?
A: The maximum per year for 90801 is 2, if you are an LPC, LCSW, or LMFT and bill H0031AJ, you can request up to 8 units per year.

Q: I bill for the H0031AJ, how should I request this authorization?
A: This service is authorized as an EXM and has 15 minute unit value. If you see the member for an hour you will need to request 4 units of EXM.

Q: What Place of Service Code (POS) do I select for Examinations?
A: Please select "**OFFICE**" for Examinations (EXM).

Other Authorizations:

Q: I noticed many different codes in the Place of Services (POS) drop down list on ProviderConnect. What will happen if I select by mistake something other than "OFFICE"?
A: The claim will be denied.

Q: Should I add the Modifier on the requested services page on ProviderConnect?
A: Never add a modifier when utilizing the auto authorization process. This will cause your claims to deny. These fields should always be left blank for a successful submission.

Q: I noticed many different selections in the "Type of Care" drop down list. What will happen if I choose one.
A: You have only two choices for Outpatient Service for Mental Health, **Clozapine Support** and **Psychiatric**. The other selections will pend.

Q: I noticed there is no "Psychiatric" Type of Care selection for Substance Abuse. What "Type of Care do I choose?
A: Leave the Type of Care field at the default which is "**Select**"

Q: The member already was authorized 72 units for Mental Health Outpatient. Can the member now get Substance Abuse Outpatient?
A: Yes, 72 units will be offered, the same as Mental Health.

Q: Can I request Psychological Testing (TS1) on line via ProviderConnect?
A: **No**, this type of request requires pre-authorization, and will still need to be faxed.

Q: Do we need to break down OUT in to Individual, Family, and Group Therapy?

A: No. Individual therapy, Family therapy, and Group therapy all fall under the Outpatient Service Class (OUT). However, Medication Management (RXM) is a different service class and needs to be requested separately. The same is true for Examinations. Examinations (EXM) are a separate service class and must be requested separately. The PowerPoint on the website has screen shots on how to request these services. It can be found on the Provider Training page at http://www.vbh-pa.com/provider/prv_trn.htm

Q: Can we request Therapy where the member is not present (TI1)?

A: No, this will need to be submitted via ProviderConnect Connect or faxed. This process has not changed

Q: Will faxed requests still be accepted?

A: Yes. You have 5 business days for an initial review and for concurrent reviews the request needs to be submitted 10 business days prior.

Q: Are the 72 units per member, per provider?

A: Yes. For the initial request the member will offered the 72 units for the first provider. If the member decides to go to a second provider, the member will be offered 72 units. But, the 3rd provider's request will be pended.

Q: If a provider has different locations will each location need to request units?

A: No, the units will carry over to all locations, as long as the provider number is the same.

Q: If our facility provides both Mental Health services and D&A services, can we receive 72 units for both?

A: Yes. But two separate requests will need to be made.

Q: Do we need to ask for each service separately or will OUT cover both EXM and RXM like the current "By-Pass units?"

A: They must be requested separately. **They are not interchangeable**, and you can not borrow units from different service classes.

Q: Where do you check your auths and units used?

A: You are able to check the information through ProviderConnect's authorization screen. Under the details tab, you are able to view how many were authorized and the amount of units that were paid.

Q: Can you ask for CYS/JPO services?

A: **No**, not through the Auto Authorization process. You can request them online by attaching a RFS Form and by indicating that they are CYS/JPO, or fax an ORF1 form.

Q: Is there a provision for Crisis?

A: Crisis services have not changed, they are **auto pay services and do not require authorization**.

Q: Will we have the "Auto Authorization" units and the "Pass Thru" units?

A: No. The Pass Thru units are no longer available effective May 1, 2011.

Q: What if a member uses all "Auto Authorization" units before the year is up?

A: You need to complete an ORF1 if you are faxing the request or an RFS form if you are requesting the services through ProviderConnect Connect. These requests should be submitted 10 business days prior to the date needed.

Q: Are the unit values the same for OUT, RXM, and EXM?

A: No, please refer to the service class grid which is posted on www.vbh-pa.com

Note: This Frequently Asked Question (FAQ) document was compiled from the questions submitted from providers during the five webinars. It is intended to answers some of the common questions regarding submitting authorizations on-line with ProviderConnect. The provider manual and your provider contract are the binding documents. If you have a question that is not answered please call the Provider Toll-Free number at 877-615-8503.