

ValueOptions® Maryland

Provider Alert

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PRP Authorizations:

Please use the attached grid as a guide to completing the following, required fields when requesting a PRP authorization in ProviderConnect.

***Place of Service** – from the drop down box in ProviderConnect, select the place of service where the service will be provided. The first column on the grid “ProviderConnect Narrative Description of Place of Service” lists the Place of Service choices appropriate for PRP. The last column “Service Description” describes the type of PRP services, including the location(s) where the service is provided. Cross reference the first column to the last column to make the correct choice for the service request.

***CPT or HCPC Code** – Enter the appropriate code using column 2, “CPT/HCPC Code”, as a guide. With the exception of H0032, Behavioral Health Screening, the correct code for PRP services is H2018.

***Modifier I (if applicable)** - Using the last column, “Service Description” as a guide, choose the correct Modifier from column 3.

***Visits** - For this field the number of visits equates to the number of months requested.

Example: To request a minimum of 6 encounters of combined on and off-site PRP services, for six months, for a consumer living independently in the community, you would select

*Place of Service	*CPT or HCPC Code	Modifier I (If Applicable)	*Visits
Independent Clinic	H2018	U3	6