



PROVIDER ALERT

Important Information for Behavioral Health Providers of Outpatient Services

February 27, 2020

This alert addresses several inquiries received from providers regarding traditional outpatient services (group and individual mental health or ASAM level 1 outpatient substance use disorder (SUD) programs). The information presented is intended to clarify why some functionalities appear different from the previous system, as well as provide directions that will assist providers in understanding new system functionalities.

Authorization Plans Defined

Providers who formerly received an “auto-authorization” for traditional outpatient services will note a change with the authorization workflow in the Incedo Provider Portal. The former authorization “bundles” are now found within authorization plans. Each authorization plan is tied to specific service codes associated with each provider and provider type and has a defined number of units for a defined time period.

“Left-to-Right” Data Entry

All outpatient authorization requests should be entered through the Incedo Provider Portal. To enter data in the “request criteria” tab (pictured below), providers must enter data in the “service provided by” boxes in the direction from left to right. If you skip a box on the left side of the screen, you will receive an error message due to the previous required data field being empty.

The screenshot shows a web-based form titled "Request Criteria" with four tabs: "1 Select Request Criteria", "2 Define Service Defaults", "3 Update Services", and "4 View Request Summary". The "1 Select Request Criteria" tab is active. The form contains the following fields:

- Request Type:** A dropdown menu with "Pre-cert" selected.
- Submission Date:** A date field containing "02/24/2020".
- Submission Time:** A time field containing "13:01".
- Priority:** A dropdown menu with "Standard" selected.
- Provider Selection:** Radio buttons for "You (ARUNDEL LODGE, INC)", "Other Provider(s)", and "You and other Provider(s)". The first option is selected.
- Specify Service Site:** A dropdown menu.
- Effective Date for this request is:** A date field containing "02/24/2020".
- and the Default Insurance is:** A dropdown menu with "--- Select One ---" selected.
- Choose your Authorization Plan:** A dropdown menu with "--- Select One ---" selected.
- Check off Services that you want to include in this request:** A section with "No services found."

A red oval highlights the "Specify Service Site", "Effective Date for this request is:", "and the Default Insurance is:", and "Choose your Authorization Plan:" fields.

Data Capture Form

The data capture form will be presented at every authorization request, and eligible providers (OMHCs, SUD programs) are expected to add a completed MH/SUD outpatient discharge authorization form, as well as a completed data capture form in order to bill for the discharge code.

Service codes that do not require Authorization

Assessment codes (90791, 90792, H0001, H0002, and H0016) do not require authorization and are not included in the authorization bundle. Providers will be responsible to ensure they follow appropriate service and billing rules associated with these codes.

Family Therapy Code

CPT code 90846 is now included in the traditional outpatient bundle. While this family therapy code does not need to be requested separately, payment analytics will capture utilization, and outliers will be addressed through clinical outreach and audit mechanisms.

Authorization Plan Units

When requesting authorization for outpatient services, be sure to choose the correct authorization plan depending on whether you are an outpatient mental health clinic, SUD outpatient program, FQHC, individual provider or group practice. Each provider type has a set amount of units of service equal to six months of services. Please note that the number of units authorized has not changed during this transition, only the visibility to providers has changed because service codes from authorization plans must be selected.

Authorization Plans are Provider Type Specific

If you do not see required outpatient services when making an authorization request, ensure you are logged in the portal using the login associated with that provider type. For example, if you offer MH and SUD services and the option to request SUD codes do not appear, make sure you are logged in under the SUD outpatient login ID. If the appropriate services do not appear, check your [fee schedule](#) to ensure services you are requesting are included. If you notice issues with the fee schedule or you are still unable to request authorizations, contact customer service at 1-800-888-1965 (press 2 for provider options).

Outpatient Authorization Approval

The turnaround time for traditional outpatient OP authorization requests is immediate. Once the request has been entered and saved, it will automatically be authorized. For detailed information on how to enter an outpatient authorization, view the [Incedo Provider Portal Quick Reference Guide](#).

To discharge an outpatient authorization that was entered in the Incedo Provider Portal, select the participant, click “forms”, choose “outpatient discharge”, and enter the requested information.

The SR authorization number is your official authorization number. It should be used when submitting claims and when contacting customer service with questions about your authorization.

If you have made a mistake on an authorization, contact customer service at 1-800-888-1965 and inform the representative that you need to correct your outpatient authorization. The customer service representative will forward your request to the administrative team who will void the incorrect authorization. Please allow 2 business days for the void to be completed, at which time you will be able to enter a correct authorization in Incedo.

Pseudo-Authorizations

Authorizations that have an orange flag (as shown below) are “pseudo-authorizations.” These currently have only zero or one unit but may have additional units added in the future. Please disregard these lines as they were generated by the system to pay a claim and are not usable authorizations.

00 (In Network) 0000000000 H0045 - MH-Respite Ca-H0045-Adult Respite care, not in home, per diem 9/24/2019 9/24/2019 0 

For additional questions, please contact us at:
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