OPTUM® | Maryland

Maryland Medicaid - Traumatic Brain Injury Authorization Requests

Table of Contents

Page Contents

Summary

This article provides steps to request an authorization for Traumatic Brain Injuries (TBI).

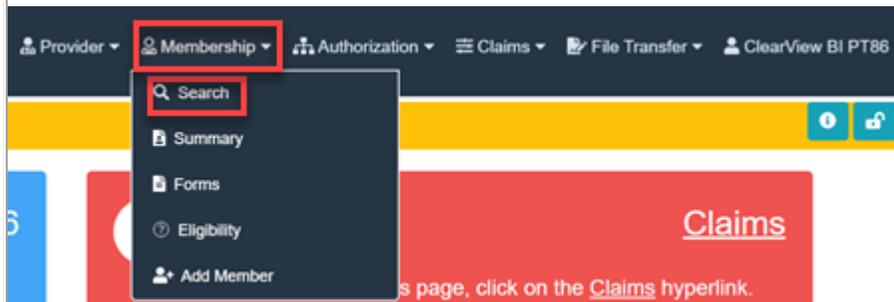## Incedo Provider Portal   [Back to top](#)

Follow the steps below to request authorization for Traumatic Brain Injuries.

Step	Action
1	Log in to the Incedo Provider Portal using the login received for Provider Type 86: Traumatic Brain Injury Waiver. Logging in with these credentials will allow for TBI requests.
2	After logging in, the **Dashboard** will appear. The top of the screen will show a series of menu options.

|	To request authorization, click on the **Membership** tab and select **Search** from the drop-down.
	Note: If there are previously submitted authorizations, the **Authorization** tab can be used to review the authorizations for a participant. Click on the drop-down next to **Authorization** and choose **Requests**. The **Claims** tab can be used to view submitted claims.
3	A search can be conducted using the following: • Policy Number/Medicaid ID • Last name, first name, and date of birth (DOB)
4	The participant appears in the **Results** tab. Double click on the **First Name** to expand the screen and add additional details. Alternatively, click on the **Membership** tab and choose **Summary**.
5	When the **Membership Summary** appears, verify the participant is active, including effective and end dates. Also verify the participant has **Brain Injury** listed in the **Insurer** column of the **Insurances** tab.
6	Under the **Membership** tab, select **Forms** to view forms that have been created for the participant, or add forms. The Brain Injury related forms are located under **Case Management.** There is also an option to **Filter Forms**.

| 7 | If needed, upload additional documentation to the participant's record by clicking on the icon shown below at the bottom of the **Member Summary** screen. Browse computer files to locate the file or drag and drop within the **File** box. Type in a |

Description and use the drop-down to choose the **Document Type**. Click on **Save.** The document will then be available on the **Member Summary** screen.
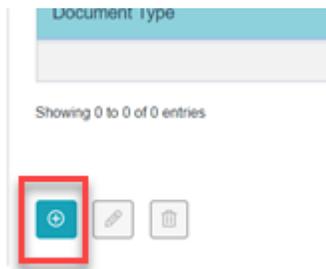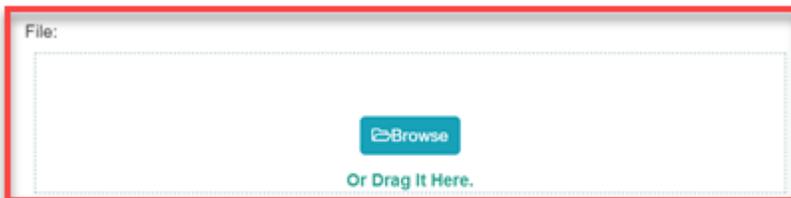
Entering Initial Authorization for TBI

Follow the steps below to enter an Initial Authorization (Pre-Certification) in the Incedo Provider Portal.

Step	Action
1	Under the **Authorization** tab drop-down, choose **Request Entry**.
2	On the **Select Request Criteria** tab, under the **Request Type** drop-down, choose **Pre-cert**.

3	Enter today's date (the date the submission is being entered) for the **Submission Date** (not the treatment date).
4	Under the **Priority drop-down** choose **Standard**.
5	Under the **Specify Service Type** locate the correct service location.
6	Enter the actual treatment date in the **Effective Date** field.
7	Under the **Insurance** drop-down, choose the participant's primary insurance.
8	Under the **Authorization Plan** drop-down, choose **BI Waiver (365)**.
9	Check the boxes next to the **Service(s)** to include in the request in the **Service** table in Incedo. Checked services will be highlighted in yellow. The table below displays available service codes and descriptions of each. <table><tr><th>Code</th><th>Description</th></tr><tr><td></td><td>Traumatic Brain Injury</td></tr><tr><td>W0037</td><td>Residential habilitation level 1 (per day)</td></tr><tr><td>W0038</td><td>Residential habilitation level 2 (per day)</td></tr><tr><td>W0039</td><td>Residential habilitation level 3 (per day)</td></tr><tr><td>W0054</td><td>Day habilitation Level 1 (per day)</td></tr><tr><td>W0055</td><td>Day habilitation Level 2 (per day)</td></tr><tr><td>W0056</td><td>Day habilitation Level 3 (per day)</td></tr><tr><td></td><td>Supported Employment</td></tr><tr><td>W0057</td><td>Supported Employment Level 1 (per day)</td></tr><tr><td>W0058</td><td>Supported Employment Level 2 (per day)</td></tr><tr><td>W0059</td><td>Supported Employment Level 3 (per day)</td></tr></table>
10	Click on **Next**.
11	On the **Define Service Defaults** tab, Complete the **Brain Injury Waiver Form** by clicking on **Add Form**. Service Defaults Default service dates to: Include information from the Form: Service Start Date:* Service End Date:* Maximum allowed duration is:* Clinical form - Assessme 02/17/2020 02/15/2021 365 Add Form Edit Form Attached Documentation

12	Under **Diagnosis** click on the **Plus Symbol** to select a diagnosis. Enter discharge information: Discharge Date: _ _/_ _/_ _ _ _ Discharge Reas ⋯ Select C Enter admission and discharge diagnosis: No diagnosis records added. ⊕ Link Service Request to episode: Set service objective: **Diagnosis Lookup** ✕ Search	Results Diagnosis Results | ID⇃	Axis	Category	Description
86089	Z87.828	Factors influenc hlth status & contact	Personal history of oth
86088	Z87.821	Factors influenc hlth status & contact	Personal history of retained foreign body fully re
86087	Z87.820	Factors influenc hlth status & contact	Personal history of traumatic brain injury | Page 1 of 1 10 ▾ View 1 - 3 of 3 Search Reset Cancel
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13	On the **Update Service** tab, adjust the units as needed for the service showing in blue under the **Selected Criteria.** If there is more than one service that needs adjusting, click **Next** to be brought to the next service. Once all services are reviewed and updated, the **Next** button will bring the user to the **Review** tab.
14	On the **Review Request Summary** tab review the revised unit and click on **Process** to submit the authorization for review.

TBI Waiver services are authorized and approved by the BHA's Office of Older Adults and Long-Term Services and Supports. When the authorization is complete, BHA is sent an automated notification that an authorization request has been submitted.

Once the authorization is reviewed and processed by BHA, the status will be updated. To view the status of authorizations, access the **Authorization** tab and choose **Requests**. Locate the request to check the status.

Once approved, the status will reflect the approval and an **Authorization #** will be assigned. When submitting claims for the authorization, use the **SR#** on the claim.

Revision History

Date	Author	Activity
03/19/20	SKS/MK	New.