



ValueOptions Provider Guide to online Authorization Submission

www.valueoptions.com

Online Authorization Submission can be used for submitting inpatient & outpatient authorizations, both initial and concurrent/continuing, or submit an authorization discharge.

Online Authorization Submission allows the provider/submitter to enter an authorization request directly onto our website without using any special software. The request is loaded directly into our system for adjudication, or held for pending review. Using Authorization Submission expedites both the processing of the authorization request and approving the service request.

If you have any questions, or need any guidance, you may contact us at the e-Support Helpdesk at 888-247-9311, Monday through Friday, 8am – 6pm EST.

You may also email us directly at e-supportservices@valueoptions.com with any issues. When sending e-mail, please do not e-mail any Protected Health Information (member #s, DOBs, etc), unless you are sending it via ZIX secure email. For more information, please visit <https://securemail-valueoptions.com/s/login?b=valueoptions>

Please note, any questions regarding how your authorization was processed must be directed to your Claims Customer Service department. Please use the phone number located on the member's benefit card.

Important Note About Browser Compatibility

ProviderConnect is currently only compatible with Internet Explorer versions 6 & 7, or version 8 running in Compatibility Mode.

Other web browsers (Firefox, Mozilla, Netscape, Opera, Chrome, Safari) are currently not fully compatible with ProviderConnect and will not provide 100% functionality.

Disclaimer

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the “Enter an Authorization Request” process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by ValueOptions.

Instructions for Authorization Submission

Before you can proceed to Log In, you must have an electronic account set up. If you do not currently have an electronic account, you can register online at www.valueoptions.com.

Once your account is set up, go to <http://www.valueoptions.com> and click on the “Providers” button. This will bring you to the Providers Home Page.

Click on Log In, which will bring you to the ProviderConnect Log In page. Enter your User ID (Submitter ID) and password.

After logging in you must select “Yes” at the User Agreement screen before proceeding.

You are now at the “Welcome” page. The menu options are displayed on the left side of the screen and in the center.

To begin entering an Authorization Request, click on the “Enter an Authorization Request” link.

Home
EDI Homepage
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Claim Listing and Submission
Enter a Referral
Referral Listing
Reports
My Online Profile
My Practice Information
Provider Data Sheet

Welcome TUMNUS, PETER . Thank you for using ValueOptions

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Specific Member Search \(eligibility, benefits, claims, authorizations\)](#)
- ▶ [Register Member](#)
- ▶ [Review Claims](#)
- ▶ [Enter a Claim](#)
- ▶ [Review an Authorization](#)
- ▶ [Enter an Authorization Request](#)
- ▶ [Enter a Referral](#)
- ▶ [View Referrals](#)
- ▶ [View My Recent Provider Summary Vouchers](#)

The next page will display the same disclaimer as above, and you can click “Next” to continue.

Enter the ID number and date of birth of the client for which you are entering the authorization:

Search a Member

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

The demographics for the member will display. You can confirm that this is the correct member, and continue by clicking on “Next”

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member		Eligibility	
Member ID	987654321	Effective Date	03/01/2004
Alternate ID	11111111	Expiration Date	
Member Name	ASLAN,SUSAN	COB Effective Date?	
Date of Birth	12/02/1979		
Address	5 WARDROBE WAY NARNIA, VA 12345		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1 - Self		
Gender	M - Male		
		Subscriber	
		Subscriber ID	111111111
		Subscriber Name	JAMES ROBERTS

Select the appropriate combination of service address and mailing address that applies to this request. If you have more than one provider number associated with your online account, you may need to select the provider number from the Provider drop down list before you select the address. Then click “Next.”

If you receive the error: “Based on the information given for this member, you are unable to proceed with this registration. Please contact ValueOptions' Customer Service,” check that you have selected a provider number from the drop down menu.

Provider

Provider ID: Provider Last Name: **TUMNUS** Provider First Name: **PETER**

Select Service Address

Capture	Provider		Vendor	
	Provider ID	Last Name First Name	Vendor ID	Vendor Last Name Vendor First Name
<input type="radio"/>	123456789	PETER TUMNUS	00003	DOE JOHN
	TA\00001	14 BEAVER TRAIL NARNIA, VA 12345 -		14 BEAVER TRAIL NARNIA, VA 12345 -

[71195](#)

This page begins the details of the authorization request.

The Requested Start Date will always default to today's date, but you can change it as needed.

Select the Level of Service (Inpatient, Outpatient, or Medication Management)

For inpatient or outpatient, you will then be prompted for a Type of Service.

Attaching a document: **Do not use this function to upload an ORF/OTR/ITR form. You will be able to submit that information on subsequent pages.**

You can upload any additional documentation that may pertain to the processing of this authorization.

Once you have entered the information, and attached any needed documents, click on "Next."

Requested Services Header

All fields marked with an asterisk () are required.
Note: Disable pop-up blocker functionality to view all appropriate links.*

*Requested Start Date (MM/DD/YYYY) 05/27/09 [OK]

*Level of Service SELECT...

> Provider

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
000001	123456789	TUHNUS	00003	712345

> Member

Member ID	Last Name	First Name	Date of Birth (MM/DD/YYYY)
007054321	ASLAN	SUSAN	12/21/79

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the member? Yes No

*Document Description: SELECT... [Upload File] [Delete]

Attached Document:

[Document1Title.doc] - Document Description

Sample attached document shown

[Back] [Next]

If you have not attached any documents, you will get a reminder screen asking again if you need to do so. Click "Cancel" to return to the screen to attach a document, or "OK" to continue with your authorization request.

Microsoft Internet Explorer

WARNING: You have not attached a document to this Request. Please click CANCEL to return to the screen to attach a document or click OK to proceed with your request without attaching a document.

[OK] [Cancel]

If there is a current authorization for this client under your provider number, you may be prompted to confirm that this is a concurrent authorization, or if you want to enter discharge information for the client.

On this screen, you can begin entering the appropriate information for the authorization.

Required fields are marked with an asterisk (*).

The example below has 3 additional pages for this particular authorization. Depending on the type of service requested, some authorization requests may have up to 10 additional pages, with both required and optional pages. Please review those pages carefully as you proceed through the authorization.

You can use the “Back” and “Next” buttons at the bottom of the screen to navigate from one page to the next as needed.

Tip:

In some situations, you may have to enter a diagnosis code, or the name of a specific medication, into a field similar to the image below.

These fields are very specific, and may only have a finite list of valid entries.

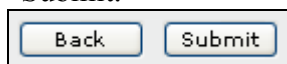
An easy way to enter this information is to enter the first couple digits of the diagnosis code, or the first letters of the name of the medication. Then click on the link label just above that field.

You will be given a list of options you can click on, and the website will automatically fill in the diagnosis or medication, and the description.



The image shows a web form titled "Axis I" in blue text. Below the title is a dashed blue line. There are two input fields: the first is labeled "*Diagnosis Code 1" in purple text and the second is labeled "Description" in purple text. Both fields are empty and have a light blue border.

When you are at the last page of information to enter, the Next button will be replaced with "Submit."



The image shows two buttons side-by-side. The left button is labeled "Back" and the right button is labeled "Submit". Both buttons have a light blue background and a thin border.

IMPORTANT: Once you have clicked on "Submit," the authorization request will be submitted exactly as it was entered. You will not be able to make corrections online nor attach additional documentation. If you realize you may have made a mistake on the authorization, or forgotten to attach any documentation, you will need to contact your appropriate customer service area to inquire about the best course of action. The EDI Helpdesk will not be able to make any adjustments to authorizations.

The summary page will give you the authorization number, and whether your authorization has been approved or pending for further review.

This will also be your only opportunity to display and print the information you entered into the request, by clicking on the “Print Authorization Request” button at the bottom.

***** PENDING *****

Please Note: This is NOT an Authorization for Care. The services requested require additional review. You will be contacted regarding the status of this request.

Subscriber Name: **SUSAN ASLAN** Subscriber ID: **987654321**

Member Name: **SUSAN ASLAN** Member ID: **987654321** Member DOB: **12/02/1979**

Pending Authorization #: **042208-1-2** Client Authorization #: **N/A**
042208-1-3

Date of Admission/ Start of Services: **04/22/2008** Requested From: **04/22/2008** Type of Request: **CONCURRENT**
04/22/2008 **07/01/2008**

Level of Treatment: **OUTPATIENT** Type of Treatment: **MENTAL HEALTH**
OUTPATIENT **MENTAL HEALTH**

Reason Code: **P84**

Place of Service	CPT	Modifier 1	Service Class	Description	Units/ Visits
0	90806			OUTPATIENT	0
62	90805			OUTPATIENT	0
Total Units For Auth 042208-1-2 From 04/22/2008 To 06/30/2008					0
Total Units For Auth 042208-1-3 From 07/01/2008 To 06/30/2009					0
Total Units Authorized This Episode For 042208-1-2					0
Total Units Authorized This Episode For 042208-1-3					0

Message

The service code submitted requires additional review. You will be contacted regarding the status of this request.

Attached Documents

Document Title	Document Description
There are no documents attached with this Authorization Request	

Authorization Printing Options
 (For the best print results, please print in 'Landscape' format)

If your request is in a pending status, it will be reviewed by the appropriate department. You may or may not receive contact about the authorization, depending if more information is needed.

You also may not receive direct contact to inform you that the authorization has changed from pending to approved/declined status. You can simply search for the authorization at a later date to review the latest status.

If you have any questions, or need any guidance, you may contact us at the e-Support Helpdesk at 888-247-9311, Monday through Friday, 8am – 6pm EST.

You may also email us directly at e-supportservices@valueoptions.com with any issues. When sending e-mail, please do not e-mail any Protected Health Information (member #s, DOBs, etc), unless you are sending it via ZIX secure email. For more information, visit <https://securemail-valueoptions.com/s/login?b=valueoptions>