MHNet
B E H A V I O R A L   H E A L T H

PROVIDER ALERT: HELPFUL HINTS FOR THE OTR & AUTHORIZATION PROCESS

TO: MHNet Practitioners
FROM: MHNet, Outpatient Clinical Department
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As you are already aware, MHNet is pleased to have established a new, simpler Outpatient Treatment Report (OTR) with a more automated, clinical outcome-driven authorization process. The number of sessions authorized is calculated by an algorithm, based upon the severity of symptoms reported, diagnosis, previous hospitalizations, and the application of Medical Necessity Criteria.

As with any new procedure, clarification is often useful. The following suggestions are offered to help ensure the OTR you submit is "clean" and can be accurately read and authorized quickly.

1. Providers billing as an **individual** should use their own NPI (National Provider Identifier) and TIN (Tax ID Number) numbers. Providers billing under a **group** TIN should use their own NPI and the group's TIN number at the top of the OTR form.

2. Please use only the most current version of the OTR form. You will recognize this as having both a place for provider NPI as well as Tax ID #. This form is available on our website, www.MHNet.com. Look under Providers, then Forms and you can print out a master copy. You may also call MHNet to request a fax or email copy of this form. After November 1, 2010, OTRs submitted on the old version will no longer be accepted, but returned to you for resubmission. This OTR does not replace the state-required form for providers in Maryland. Also, a specialized OTR form is used in Pennsylvania for substance abuse services and in Florida for Medicaid services. All these OTR versions are available on the website in the location noted above.

3. Please do NOT fax a cover sheet with your OTRs. The system does not recognize non-standardized forms so they are discarded. If you have requests related to the authorization, please allow 2 business days for the processing of the form before calling your MHNet Customer Service Representative.

4. Please ensure that your fax machine is not double-feeding, and retain your fax sent log. There is currently no fax confirmation capability available within our process.

5. Please do NOT write text in the Rating Scale line section. The system can not recognize text in this area. Please use only a short vertical mark crossing the bold horizontal line at any point to show the degree of impairment in that domain. If the domain of any specific rating scale does not apply to that patient, simply mark the left edge of the Rating Scale line, indicating "none". Please make only one mark on each Rating Scale line.

6. Please be sure to complete all sections possible, and to write clearly so the system can read/scan the OTR. Incomplete or illegible OTRs will be returned to you for correction and resubmission.

7. If the patient does not have an Axis II diagnosis, the correct code for no Axis II diagnosis is V71.09. Deferred pending further assessment is 799.9. Please do not write in "n/a" or "none" in this area.

8. If the patient does not have an Axis III diagnosis, or if you do not know the appropriate ICD-9 code, you may leave that section blank. Please do not write in "n/a" or "none". If the medical condition does impact overall functioning, please note this in "Other Medical Conditions" which is the last Rating Scale.

Thank you for your cooperation with this new process. We appreciate your continued partnership with MHNet.