

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*



**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**July 1, 2015**

TO: Public Behavioral Health System Providers  
ValueOptions® Maryland

FROM: *Susan J. Tucker*  
Susan J. Tucker, Executive Director, Office of Health Services

RE: Clarification of Medicaid Authorization and Appeals Process

**NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal**

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This transmittal clarifies regulatory requirements regarding the authorization and appeals process for the Maryland Public Behavioral Health System (PBHS).

I. Administrative Denials for Non-authorized Services

For dates of services August 1, 2015 forward, ValueOptions® Maryland (VO) administrative denials for non-authorized PBHS services will not include appeal instructions. This reflects the authorization requirement stated in COMAR 10.09.59.08 that except in cases of services delivered in an emergency department, “no payment shall be rendered for services that have not been authorized.” An administrative denial occurs when a provider fails to obtain authorization for services rendered and its claim is denied for that reason.

If a participant or provider believes the administrative denial for non-authorized services has resulted from a technical error, they can contact the ValueOptions® Maryland Grievance and Appeals Department.

II. Retrospective Authorization and Courtesy Reviews

In accordance with the above clarification, VO will review requests for retrospective authorization only in cases where a participant has gained retroactive Medical Assistance benefits. ValueOptions will process all other requests for retrospective authorization reviews as an administrative denial for dates of services August 1, 2015 forward, including cases of retroactive provider enrollment. The Department encourages providers to utilize the courtesy review process to be compliant with COMAR 10.09.59.08 in cases when a provider is unsure whether a consumer is Medicaid eligible. Please call 1-800-888-1965 to initiate a courtesy review.

Administrative denials and requests for retrospective reviews for services rendered prior to August 1, 2015 will be processed based on the instructions given in the 2014 VO Provider Manual. A full description of the current appeals process will be included in Chapter 10 of the 2015 VO Provider Manual.