

# VALUEOPTIONS®

## Directions to Complete Adjustment Disorder Form On-line

Completion of the Adjustment Disorder Review Form can easily be completed on-line and submitted directly to ValueOptions® via ProviderConnect. Please follow the below directions to complete.

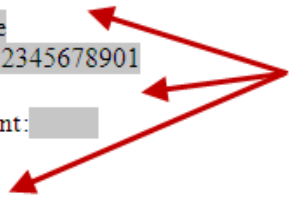
1. Select the **Adjustment Disorder Review Form** from the **FORMS** menu on ProviderConnect - <http://www.valueoptions.com/providers/Clinforms.htm>

The screenshot displays the ValueOptions ProviderConnect website. The top navigation bar includes links for HOME, MEMBERS, PROVIDERS, CLIENTS, and PRODUCERS. Below this, a secondary navigation bar lists Our Company, News Room, Awards, and Products & Services, along with a Site Search box. The left sidebar contains a menu with items like PROVIDERS' HOME, PROVIDER HANDBOOK, FORMS (highlighted with a red box), EDUCATION CENTER, COMPLIANCE, NETWORK-SPECIFIC, NEWS, PROVIDER CONTACT, PRACTICE PROFILE, and PRIVACY STATEMENT. The main content area is titled 'Clinical Forms' and lists several forms: Outpatient Treatment Report Forms, Outpatient Registration Form (ORF1) (PDF), Instructions (PDF) (Use for routine outpatient), Outpatient Review Form (ORF2) (PDF), Instructions (PDF) (A companion form to the ORF1, only use the ORF2 if requested to do so), Medication Management Registration Form (PDF) (Only use this form if you are a ValueOptions provider credentialed to offer medication management services), Outpatient Discharge Form (PDF), and Adjustment Disorder Review Form (DOC) (highlighted with a red box).

2. Complete the form entering information into the shadowed areas of the form. To begin entry, simply click into the grey shadowed area and complete entry.

VALUEOPTIONS®  
Adjustment Disorder Review Form

Patient Name: Jane Doe  
Patient Insurance ID #:12345678901  
Diagnosis: [redacted]  
Start date of OP treatment: [redacted]  
Provider Name: [redacted]  
Provider #: [redacted]



*In support of your request for continued treatment of this patient, please complete this form and submit with your request. Please answer every question (Each question has text box to accommodate 500 characters to utilize when you click in grey field). If more space is needed, continue your response at end of document on page 5. No additional authorization will be given for sessions until this requested information is received and evaluated by ValueOptions.*

1. Describe the stressor(s) that contributed to the emotional/behavioral symptoms for this patient. Please include an explanation of the severity of the stressor(s) and whether there was a single, recurrent, or chronic occurrence of the stressor(s).

[redacted]

3. Once Completed choose the Save As function on your word document and save it to your personal folders on your desktop using whatever standard naming structure you utilize to track individual clients information.
4. Return to **ProviderConnect Home Page** and **Log In** to your personal home page. If you do not have a log in for ProviderConnect – please follow the simple steps to register as a first time user. Information on this process can be found at [xxxxxx](#).

Then:

ValueOptions Home Provider Home Contact Us Log In

Home  
 EDI Homepage  
 Specific Member Search  
 Register Member  
 Authorization Listing  
 Enter an Authorization Request  
 Claim Listing and Submission  
 My Online Profile  
 View Practice Profile  
 Provider Data Sheet  
 Compliance  
 Handbooks  
 Forms  
 Network Specific Information  
 Education Center  
 ValueSelect Designation  
 Contact Us

**Please Log In**

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

Please log in by entering your User ID and password below.

\*User ID  
 123456

If you do not remember your User ID, please contact our e-Support Help Line.

\*Password  
 ●●●●●●●● [Forgot Your Password?](#)

Log In

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of licensure under applicable laws and ethical standards.

*It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.*

- When you progress to the **WHAT DO YOU WANT TO DO TODAY?** section – select **Enter an Authorization Request**.

ValueOptions Home Provider Home Contact Us Log Out

Home  
 EDI Homepage  
 Specific Member Search  
 Register Member  
 Authorization Listing  
 Enter an Authorization Request  
 Claim Listing and Submission  
 Reports  
 My Online Profile  
 My Practice Information  
 Provider Data Sheet  
 Compliance  
 Handbooks  
 Forms  
 Network Specific Information  
 Education Center  
 ValueSelect Designation  
 Contact Us

**Welcome [REDACTED]. Thank you for using ValueOptions ProviderConnect.**

**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**
- View My Recent Provider Summary Vouchers

**YOUR MESSAGE CENTER**

INBOX SENT

Your Recent Inquiries box is empty

**NEWS & ALERTS**

- Is your online contact information accurate?
- New to Direct Claim Submission? Download the guide

ValueOptions is continually striving to increase the ease in which you can interact with us by developing online communications solutions. Using ProviderConnect allows you to accomplish an array of daily transactions through a secure, password-protected portal. By using ProviderConnect, you agree to abide by all privacy, HIPAA, and other governing laws.

© 2009 ValueOptions® ProviderConnect v3.06.00 [Return to ValueOptions Home](#) | [Return to Provider Home](#) | [Contact Us](#) | [Privacy Statement](#) | [Terms and Conditions](#)

- After the HIPAA disclaimer page you will be able to enter information required identifying the member you are treating – **ID** and **Date of Birth** are required.

## 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)

Search

7. After confirming the member information and identifying your servicing address for this member you will land on the **Requested Services Header** screen. Complete the **Requested Start Date**, **Level of Service** as *Outpatient*, choose the appropriate **Type of Service** and follow **Attach a Document** steps to upload the Adjustment Disorder form for this particular member prior to clicking on the **Next** button.

ProviderConnect - Provider - Microsoft Internet Explorer

Address: http://pcr14stg/pc/review/reloadReviewEntry.do

### 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 (MMDDYYYY): 04242009

\*Level of Service: OUTPATIENT

\*Type of Service: MENTAL HEALTH, SUBSTANCE ABUSE

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
[REDACTED]				

Member

Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
[REDACTED]			

### 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...

UploadFile Click to attach a document

Delete Click to delete an attached document

Attached Document:

Back Next

© 2009 ValueOptions® ProviderConnect v3.06.00

- An outpatient authorization form will present for completion. Clinical information should be entered for the member and the request submitted at the end of the process. The request will be reviewed and you will be notified of the authorization decision following standard authorization notification process.