

CLINICAL EXPERTISE/SPECIALTIES

ValueOptions intends to make clinically-specific referrals to its various providers. Please select up to a maximum of six (6) areas listed below in which you have training and experience and **rank** them in order of your expertise and referral preference, (i.e., **1 = most preferred**).

PLEASE NOTE - ONLY THE FIRST TWO SPECIALTY CHOICES WILL BE USED WHEN GIVING MEMBER REFERRALS.

<u>SPECIALITY</u>	<u>CODE</u>	<u>DESCRIPTION</u>
<i>Example: 1st Choice</i>	<u><i>II</i></u>	<u><i>ADHD</i></u>
1 st choice	_____	_____
2 nd choice	_____	_____
3 rd choice	_____	_____
4 th choice	_____	_____
5 th choice	_____	_____
6 th choice	_____	_____

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
<u>I1</u>	ADHD	<u>L2</u>	Child Therapy
<u>I2</u>	Affective Disorder	<u>L4</u>	Head Trauma
<u>I3</u>	Alcohol/Chemical Dependency	<u>L6</u>	Separation/Divorce
<u>I4</u>	Adolescent Therapy	<u>L7</u>	Men's Issues
<u>I5</u>	Biofeedback (Not a covered Benefit)	<u>L8</u>	Dissociative Identity Disorder
<u>I6</u>	Personality Disorder/Traits	<u>L9</u>	Neuropsychological Testing
<u>I7</u>	Christian Counseling	<u>M1</u>	Panic/Phobia/Anxiety
<u>I8</u>	Chronic Pain	<u>M3</u>	Post Traumatic Stress Disorder
<u>J2</u>	Eating Disorders	<u>M5</u>	Psychological Testing
<u>J3</u>	ECT	<u>M6</u>	Psychopharmacology
<u>J5</u>	Ethnic/Cultural Issues	<u>M7</u>	Schizophrenia
<u>J6</u>	Family Therapy	<u>M9</u>	Sexual/Physical Abuse
<u>J9</u>	Gay/Lesbian/Sexual	<u>N2</u>	Step/Blended Families
<u>K1</u>	Group Child Therapy	<u>N3</u>	Anger/Stress Management
<u>K2</u>	Group Adolescent Therapy	<u>N4</u>	Women's Bio/Psychological Issues
<u>K3</u>	Group Adult Therapy	<u>N6</u>	Critical Incident Stress Debriefing
<u>K4</u>	Group Geriatric Therapy	<u>N8</u>	ASAM Certified Addictionologist
<u>K5</u>	Group Eating Disorders Therapy	<u>Q5</u>	Autism/Developmental Delay
<u>K8</u>	Grief/Bereavement/Terminal Illness	<u>R4</u>	Child/Adolescent Certified Psychiatrist
<u>L1</u>	Military Lifestyle Issues		

Provider Signature _____

Print Name _____

Please fax to 904-363-1041