
PROVIDER ALERT

Alert #: PA 2011-06
Issued: March, 2011
To: ACCESS Agencies
Subject: Home Health Authorizations 4/1/11 – Behavioral Health Diagnosis

PLEASE NOTE: THIS PROVIDER ALERT CONTAINS INFORMATION RELATED TO MEMBERS RECEIVING SERVICES WITH A PRIMARY BEHAVIORAL HEALTH DIAGNOSIS. PLEASE ENSURE THIS ALERT IS DISTRIBUTED WITHIN YOUR AGENCY TO ALL THOSE WHO PROVIDE HOME HEALTH SERVICES

Dear Access Agency,

This Alert is regarding new information related to Home Health authorizations for individuals with a primary behavioral health diagnosis. The feedback and questions that arose during recent trainings were heard by DSS and CT BHP and have led to some changes in the authorization process. We are confident that these changes will make the transition period more seamless and that all future requests of Home Health services for individuals with a primary behavioral health diagnosis will mirror more closely the existing process.

Beginning 4/1/11, Access Agencies will need to call CT BHP for a Home Health authorization ONLY IF the authorization exceeds the established fee-for-service authorization thresholds. There has been no change to the existing fee-for-service thresholds, per below:

Services which fall below the current fee-for-service authorization thresholds (aka 'pass-through' visits) **DO NOT REQUIRE PRIOR AUTHORIZATION** from CT BHP:

1. Nursing care services (SN- S9123, S9124) and/or Medication Administration Services (MA-T1502, T1503) that do not exceed an initial evaluation and two (2) visits per week will NOT require a prior authorization from CT BHP.
2. Home Health aide services (T1004) that do not exceed fourteen (14) hours per week will NOT require a prior authorization from CT BHP.
3. Physical or Speech therapy that does not exceed an initial evaluation and two (2) visits per week will NOT require a prior authorization from CT BHP. Services in excess of nine visits per therapy type, per calendar year, per provider, per Member require authorization.
4. Occupational therapy that does not exceed an initial evaluation and one (1) visit per week will NOT require a prior authorization from CT BHP. Services in excess of nine visits per therapy type, per calendar year, per provider, per Member will require authorization.

Prior authorization **IS REQUIRED** for any service code(s) where the units exceed the above parameters.

Access Agencies will:

1. Call CT BHP to do a telephonic clinical review and request an authorization (1-877-552-8247 (after English/Spanish option, press '3' for Providers),
2. Advise CT BHP of the HH provider who will be providing the service and who needs the authorization,
3. Document the authorization number, date span, service codes and units in member's record,
4. Call the HH provider to notify them of the authorization details and authorization number.

CT BHP will:

1. Conduct the telephonic review with the Access Agency and enter clinical information into CONNECT,
2. Document Access Agency contact information; attach the review to the Home Health provider that will be providing the service,
3. Provide the authorization number following the telephonic review,
4. Send hard-copy of authorization letters to the Access Agencies monthly, by or before the 15th of each month.

Home Health Provider will:

1. Review/print authorization from ProviderConnect within 24-48 hrs of receiving the authorization information from the Access Agency.

For your convenience and to make the review process more efficient, please find attached a template of the Home Health clinical review form. CT BHP Home Health Clinician will ask these questions when completing a telephonic clinical review with Access Agency staff person.

If you have any questions, please contact the CT BHP Provider Relations Department at 1-877-552-8247.

Provider Relations
Connecticut Behavioral Health Partnership

Encl: Home Health Clinical review template
Copy of Home Health Provider Alert (for Home Health agencies)