



OTP Evaluation Provider Training

November, 2021

Chapter

01

Objectives:

- Discuss the new prior authorization requirements
- DSS regulations regarding evaluations
- Provider responsibilities
- ProviderConnect tutorial
- Q&A

Chapter

02

Introductions CT BHP Provider Relations Team

Introductions

- **Bryan Orzechowski** – Network Development Coordinator
- **Jillian Di Maria** - Network Development Coordinator
- **Jordan Watson**– Network Relations Consultant
- **Nardia Stephens**- Network Relations Consultant

Chapter

03

New Prior Authorization Requirements and Parameters

New Prior Authorization Requirements and Parameters

In response to PB 2021-26 prior authorization requirements resulted in changes to the standard Outpatient Services Authorization:

- Obtaining the 90 – unit auth for one (1) year is **not required**.
 - *Exceptions*
 - *CMAP Rehabilitation Clinics*
 - *Billing for the 90785 Interactive Complexity Code - **90 unit auth must still be obtained for providing this service.***
- The 21 day guideline was reinstated 7/1/2021.
 - *This applies to the Outpatient Evaluation, Outpatient (Rehabilitation Clinics), Case Management, Ambulatory Detoxification, and Methadone Maintenance.*

New Prior Authorization Requirements and Parameters

Outpatient Services requiring authorization:

- 90791 – Initial Diagnostic Evaluation
- 90792 – Initial Medical Evaluation

Registration will result in a **two (2) unit / six (6) month evaluation authorization**

- This change will allow providers to bill for the above services.
 - *Please note: the timeframe of the evaluation is subject to change. The units allowed will remain the same.*

Chapter

04

Clinical Requirements and Guidelines

Clinical Requirements and Guidelines

Outpatient Group Practices:

- Practices that bill based on the specific licensure level should obtain **separate evaluation authorizations** as determined by the license of the clinician(s)
 - *Ex – member see an APRN as well as an LCSW*

Outpatient Clinic or Hospital:

- Providers with one Medicaid ID should obtain only **one (1) 2-unit outpatient evaluation** authorization in order to bill 90791 or 90792.
 - *Note: clinics will obtain the evaluation based on the location of services rendered*

Clinical Requirements and Guidelines

DSS Regulations state the following:

- The department shall pay for covered services only in accordance with the treatment plan and with the following additional limits: **(1) Only one diagnostic interview in any twelve-month period per licensed behavioral health clinician per client**
 - *Sec. 17b-262-917. Service Limitations*

Clinical Requirements and Guidelines

Changes in Member Clinical Presentation

A member leaving and returning to treatment may require a new evaluation

- *Examples:*

- *member has different clinical presentation from initial evaluation*
- *Member returns with additional behavioral health complexities*
- *There is a change in the rendering provider*

Clinical Requirements and Guidelines

Provider Responsibilities

- Detailed documentation of treatment plan
- Members returning outside the 6-month span and both units have been exhausted will require providers to complete a **new**

Outpatient Services – Outpatient Evaluation Authorization

Clinical Requirements and Guidelines

Provider Responsibilities

- Members who return *inside* the 6-month span and both units are exhausted, will require a request for an additional unit.
 - **Providers will submit a PCI inquiry via ProviderConnect**
 - **Provide clinical rationale detailing the medical necessity**

After the inquiry is submitted, CT BHP staff will review and the provider may be contacted for more information

Chapter

05

ProviderConnect Tutorial

Provider Online Services

ProviderConnect

Login or register with ProviderConnect, an online tool that allows you to check member eligibility, enter authorization requests for CT BHP services, view authorization letters, and more. ProviderConnect is easy to use, secure, and available 24/7. New users should complete the “Online Services Account Request Form” using the link below to get their ID and Password.

Log In

Register

Chapter

06


Q&A

Thank You

Contact




For authorization questions please contact Provider Relations:

 877-552-8247, Options 1,2,7

 www.ctbhp.com

 CTBHP@beaconhealthoptions.com

For billing questions please contact Gainwell Technologies Provider Services Department:

 800-842-8440

 www.ctdssmap.com