

# Provider Alert

---

Alert#: **PA 2021-05**

Issued: **August 13, 2021**

To: **CT BHP Autism Spectrum Disorder Providers**

Subject: **System Enhancements – 4 Digit Authorization Line**

---

Dear HUSKY Health Provider,

This alert serves as advance notice of system enhancements for Autism Spectrum Disorder (ASD) authorizations.

Effective 9/1/21, the Provider Connect, Service Care Connect, and Gainwell System will be enhanced to accommodate 4-digit authorization lines for Autism Service Delivery (ABB) and Autism Observation and Direction (AOD).

Previously, authorization lines were only able to accommodate 3-digits, resulting in Clinical Care Managers dividing direct service authorizations into separate date ranges. This enhancement will not affect current authorizations; the 4-digit authorization lines will be visible on reviews submitted after 9/1/21.

### **Example**

HUSKY Health Provider is requesting an authorization for 30 hours per week of direct services by technician (code 97153), 2 hours per week of direct service delivery by BCBA (code H2014), and 6 hours per week of observation and direction (code H0046) for services between 5/21/21 to 11/21/21.

### **Previous process:**

30 hours per week of direct services by technician (30 hours per week \* 15-minute increments \* 27 weeks = 3240 units) and 2 hours per week of direct service delivery by BCBA (2 hours per week \* 15-minute increments \* 27 weeks = 216 units) are combined and split into 4 maximized ABB authorization lines of 896 units each with 4 distinct date ranges (5/21/21-7/5/21, 7/6/21-8/20/21, 8/21/21-10/5/21, 10/6/21-11/21/21). One additional line is authorized for 6 hours per week of observation and direction (6 hours per week \* 15-minute increments \* 27 weeks = 648 AOD units) from 5/21/21 to 11/21/21. Please see the example authorization screenshot below:

**AUTH DETAILS**

C	POS	Svc Cls	Svc Cd		MD1	MD2	Eff Date	Exp Date	Req	Apr
			MD3	MD4						
+	<input type="checkbox"/>	12	ABB				052121	070521	896	896
+	<input type="checkbox"/>	12	ABB				070621	082021	896	896
+	<input type="checkbox"/>	12	ABB				082121	100521	896	896
+	<input type="checkbox"/>	12	ABB				100621	112121	896	896
+	<input type="checkbox"/>	12	AOD				052121	112121	648	648

**New process:**

With the enhancement, the same request would be authorized as follows: 30 hours per week of direct services by technician (3240 units) and 2 hours per week of direct service delivery by BCBA (216 units) are combined into a total authorization of 3456 ABB units from 5/21/21 to 11/21/21. One additional line is authorized for 6 hours per week of observation and direction (648 AOD units) from 5/21/21 to 11/21/21. Please see the example authorization screenshot below:

**AUTH DETAILS**

C	POS	Svc Cls	Svc Cd		MD1	MD2	Eff Date	Exp Date	Req	Apr
			MD3	MD4						
+	<input type="checkbox"/>	12	ABB				052121	112121	3456	3456
+	<input type="checkbox"/>	12	AOD				052121	112121	648	648

HUSKY Health providers will see this change reflected when viewing authorization letters in Provider Connect. In some cases, the total number of approved units in the full authorization period may be less than what previously would have been approved with the split authorization lines. This enhancement is intended to streamline the authorization process and to decrease the risk for errors which could impact our provider’s ability to bill. The enhancement will also allow providers to have increased flexibility in their ability to increase or decrease a member’s direct service hours based on the member’s clinical need throughout the course of the authorization period.

**NOTE:** It is the HUSKY Health provider’s responsibility to keep track of unit utilization.

- In the event that all approved units are utilized prior to the end date of an authorization, HUSKY Health providers can request to backdate an existing authorization expiration date, so that a concurrent review can be entered via the ProviderConnect portal. Requests for backdating an authorization must be submitted utilizing the ProviderConnect inquiry function.
- If a HUSKY Health member’s service hours need to be increased during the course of an authorization period, based on clinical need, please submit an hours increase request via the ProviderConnect inquiry function. Instructions for utilizing the inquiry function on ProviderConnect can be found on page 3 of previous provider alert PA 2019-03: <https://www.ctbhp.com/2019/PA2019-03.pdf>

If you have any questions, please feel free to contact the CT BHP Provider Relations Department



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



[ctbhp@beaconhealthoptions.com](mailto:ctbhp@beaconhealthoptions.com)

Sincerely,  
Provider Relations Department  
CT Behavioral Health Partnership