Connecticut Department of Social Services
Medical Assistance Program
www.ctdssmap.com

Provider Bulletin 2011-21
March 2011

TO: Home Health Providers and Access Agencies

RE: New Connecticut Behavioral Health Partnership Prior Authorization Changes

This bulletin provides important information for Home Health Providers regarding Prior Authorization (PA) requirements for the New Connecticut Behavioral Health Partnership (CT BHP) as was previously communicated in Policy Transmittal PB 2011-15 issued by the Department of Social Services (DSS).

HUSKY A, HUSKY B and Charter Oak Prior Authorization Requirements

Effective for dates of service, April 1, 2011 and forward, the CT BHP Administrative Services Organization (ASO) Value Options (VO) will begin to authorize Home Health services for HUSKY A, HUSKY B and Charter Oak clients when the primary reason for the visit is related to a behavioral health diagnosis code in the range of **291 – 316 AND when the services will exceed the following unit limits. Please note** that Charter Oak clients are limited to a combination of thirty nursing and therapy visits per client benefit year. Home health aide services are not covered under Charter Oak.

Home Health services provided within these unit limits will not require PA.

SERVICE	UNIT LIMIT
Skilled Nursing	2 visits per week
Home Health Aid	14 hrs per week
Physical or Speech Therapy	2 visits per week
Occupational Therapy	1 visit per week
Physical/Speech/Occupational Therapy	< 9 per calendar year per therapy type per diagnosis

Providers may submit their requests to VO using existing applicable code lists instead of individual procedure codes. Providers should continue to contact the client's Managed Care Organization (MCO) for services when the primary diagnosis code is non-behavioral health.

Medicaid and Medicaid for Low Income Adults (LIA) Prior Authorization Requirements

Effective for dates of service, April 1, 2011, CT BHP will also begin authorizing Home Health services for Medicaid and Medicaid LIA clients, including those Medicaid clients with a Waiver benefit and those covered under Money Follows the Person (MFP) when the primary reason for the visit is related to a behavioral health diagnosis code in the range of **291 – 316 AND when the services will exceed the unit limits as noted in the service table. Home Health services provided within these unit limits will not require PA.**

Providers may submit their requests using existing applicable code lists instead of individual procedure codes. VO will also authorize medical services provided by home health agencies when the primary diagnosis is behavioral health (291-316).

Home Health Services which are required for a primary reason related to a diagnosis code other than 291 - 316 will continue to be authorized by the DSS Medical and Clinical Review Team.

Existing Home Health Prior Authorizations

Existing home health authorizations with a primary diagnosis code of **291 - 316**, for Medicaid and Medicaid LIA clients approved prior to April 1, 2011 will remain in effect until the units of service are exhausted. If DSS has received an authorization request on or before March 31, 2011 with an effective date of April 1, 2011 or earlier, the authorization request **WILL BE** processed by **DSS.** Modifications to an existing PA, for dates of service on or after April 1, 2011, for services such as resumption of care, change in condition, or conversion of primary patient to subsequent patient (Modifier TT) or vice versa when the primary reason for the visit is related to a primary diagnosis code of behavioral health (291 – 316) must be submitted to CT BHP. This also applies to medical services requiring PA in conjunction with behavioral health services when the primary diagnosis is 291-316.

Requesting Prior Authorization

Providers are reminded to check client eligibility prior to requesting authorization and/or rendering service as eligibility verification will provide the client's benefit plan, which combined with primary diagnosis information allows the provider to determine where the PA request must be submitted (DSS, CT BHP or the designated MCO).

The following guide will assist providers in determining which organization will authorize service.

CT BHP

Contact CT BHP at **1-877-552-8247** for all PA requests when the client is enrolled in:

- HUSKY A, HUSKY B and Charter Oak, and the primary reason for the visit are related to a diagnosis code of **291-316.**
- Medicaid or Medicaid LIA and the primary reason for the visit is related to a diagnosis code of **291-316.** This includes PA for home health services required to treat both medical and behavioral diagnoses, when the primary reason for the visit is for diagnoses in the **291-316 range.**
- Medicaid with a Waiver or covered under MFP and the primary diagnosis code is **291-316**. This includes PA for home health services required to treat both medical and behavioral diagnoses, when the primary diagnoses are **291-316. Access Agency Care Managers will contact CT BHP directly for these authorization requests.**

All CT BHP PAs may be viewed via the provider's secure Web account on the www.ctdssmap.com Web site. Providers should select "VO" from the drop down menu in the "PA Assignment Field". CT BHP PAs will be 7 characters in length preceded by the letter "U".

DSS Medical and Clinical Review Team

Home Health prior authorization requests will continue to be directed to the DSS Medical and Clinical Review Team for clients enrolled in Medicaid or Medicaid LIA where the primary diagnosis code/primary reason for home care service is other than behavioral health.

- **Initial** requests must be faxed to **(860) 269-2138.**
- **Reauthorization** requests must be faxed to **(860) 269-2137.**
- Requests for increases in service or a change in plan of care to a previously authorized service must be requested via telephone at **(860) 424-5192.**
- Modifications to existing PAs, such as resumption of care, change in condition, conversion of primary patient to subsequent patient (Modifier TT) or vice versa, must be faxed to **(860) 424-5206.** Modifications to existing PAs for dates of service prior to April 1, 2011 with the primary diagnosis of behavioral health must also be faxed to (860) 424-5206.

DSS Alternate Care Unit

Home Health prior authorization requests will continue to be obtained and directed to the DSS Alternate Care unit for clients enrolled in Medicaid with a CHC or MH Waiver and those covered under the MFP initiative when the primary diagnosis code/primary reason for the home care service is other than behavioral health.

- Initial requests and Reauthorization Requests for CT Home Care Waiver and State Funded clients must be faxed to (860) 269-2137

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- Changes to an existing PA may be made by contacting the Connecticut Home Care Program via telephone at (860) 424-4904. The PA fax line for the Connecticut Home Care Program is (860) 424-5313.

Managed Care Organizations

For HUSKY A, HUSKY B and Charter Oak clients contact their designated MCO for:

- Services when the primary reason for the visit is related to a diagnosis code other than 291-316.
- Authorization for medical services in conjunction with behavioral health services when the primary reason for the visit is for a diagnosis code other than 291-316.

Claim Submission

All Home Health claims for Medicaid, Medicaid LIA, or Medicaid with a Waiver or covered under the MFP initiative must be submitted to HP. Claims with a primary diagnosis of 291-316, for HUSKY A, HUSKY B and Charter Oak clients must also be submitted to HP. Providers are reminded that claims must be split for services spanning different benefit plans. A PA, however, may span more than one benefit plan. Medical claims, with a primary diagnosis other than 291-316 for HUSKY A, HUSKY B and Charter Oak clients must be submitted to the client's designated MCO.

Timely Filing Guidelines and Reimbursement

Providers are reminded that the timely filing guidelines for CT BHP service claims for HUSKY A, HUSKY B and Charter Oak clients is 120 days. Services for these clients are reimbursed based on the CT BHP fee schedule which can be found on the www.ctbhp.com Web site. Member liability remains unchanged with the expansion of the CT BHP for these clients.

Timely filing guidelines for Medicaid and Medicaid LIA clients are 365 days and reimbursed at the provider's specific rate (PSR) on file.

Additional Resources

For additional PA or claim submission information providers can:

- Access the CT BHP Web site at www.ctbhp.com.
- Access the www.ctdssmap.com Web site Home page and click on the Important Messages regarding the New Connecticut Behavioral Partnership.
- Access the www.ctdssmap.com Web site → Publications → Provider Manuals → Chapter 4 (Eligibility), or Chapter 5 (Claim Submission Information), or Chapter 8 (Provider Specific Claim Submission Information), or Chapter 9 (Prior Authorization).