

## PROVIDER NOTICE

Alert#: **PN-2011-07**  
Issued: **September 2011**  
To: **CT BHP Home Health Providers**  
Subject: **Home Health Agency Web Registration Enhancements**

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Dear Provider,

This notice is being sent to Home Health Agencies regarding an upcoming enhancement to the web registration form for Home Health Agencies under the Connecticut Behavioral Health Partnership (CT BHP).

Effective Wednesday, September 28<sup>th</sup>, an enhancement to the ProviderConnect application will offer Home Health Providers a pop-up window to select services being requested. Previously, Home Health providers were required to manually enter each requested service line by line. This enhancement was added to further assist Home Health system users and simplify the registration request process.

Screen shots of the system enhancement have been included with this notice. Please distribute to appropriate staff and system users within your agency.

If you have any questions, please feel free to contact the Provider Relations Department at 1-877-552-8247.

Provider Relations Department  
Connecticut Behavioral Health Partnership

*Enclosed: ProviderConnect Screen Enhancements*

## CT BHP Home Health Agency ProviderConnect Requested Services Screen Enhancements

- 1) Once the clinical screens are complete and users select Accept, the Requested Services Screen will display. The Requested Services Screen allows Home Health Agency providers to enter a listing of the services, modifiers and number of units that they are requesting.

*All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.  
For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page. Please indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed.*

[Click Here to Add or Modify Service Codes](#)

### Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	443
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- 2) Home Health Agency users will now click the “Click Here to Add or Modify Service Codes” button.

Level of Service: **OUTPATIENT/COMMUNITY BASED**    Type of Service: **Mental Health**    Level of Care: **Outpatient**    Type of Care: **Home Health**    Authorized User:

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SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	443
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- 3) A pop up window will appear.

Select Service Codes - Windows Internet Explorer

[CLOSE WINDOW](#)

**NOTE:** Select codes for this authorization request by checking the box next to the services being requested prior to saving the selection. Units being requested may be adjusted after saving codes. To de-select a code, uncheck the box. A limit of 10 services can be requested via this form - if additional services are required please indicate the services within the free text Focus of Care box or as an attachment to the request.

	Code	Mod 1	Mod 2	Mod 3	Mod 4	Description
<input type="checkbox"/>	MA					MEDICATION ADMIN VISIT
<input type="checkbox"/>	MA	TT				MEDICATION ADMIN VISIT
<input type="checkbox"/>	SN					NURSING CARE, IN THE HOME; BY RN
<input type="checkbox"/>	SN	TT				NURSING CARE, IN HOME; BY RN INDIVIDUALIZED SERVICE PROVIDED TO MORE THAN ONE PERSON
<input type="checkbox"/>	T1004					NSG AIDE SERVICE UP TO 15MIN
<input type="checkbox"/>	0421					PHYSICAL THERAPY - VISIT CHARGE
<input type="checkbox"/>	0431					OCCUPATIONAL THERAPY - VISIT CHARGE
<input type="checkbox"/>	0441					SPEECH/LANGUAGE PATHOLOGY - VISIT CHARGE

- 4) Users will select the services being requested by clicking on the appropriate box(es) on the left hand check boxes and then Click Save.

**NOTE:** Select codes for this authorization request by checking the box next to the services being requested prior to saving the selection. Units being requested may be adjusted after saving codes. To de-select a code, uncheck the box. A limit of 10 services can be requested via this form - if additional services are required please indicate the services within the free text Focus of Care box or as an attachment to the request.

	Code	Mod 1	Mod 2	Mod 3	Mod 4	Description
<input checked="" type="checkbox"/>	MA					MEDICATION ADMIN VISIT
<input type="checkbox"/>	MA	TT				MEDICATION ADMIN VISIT
<input checked="" type="checkbox"/>	SN					NURSING CARE, IN THE HOME; BY RN
<input type="checkbox"/>	SN	TT				NURSING CARE, IN HOME; BY RN INDIVIDUALIZED SERVICE PROVIDED TO MORE THAN ONE PERSON
<input checked="" type="checkbox"/>	T1004					NSG AIDE SERVICE UP TO 15MIN
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<input type="checkbox"/>	0431					OCCUPATIONAL THERAPY - VISIT CHARGE
<input type="checkbox"/>	0441					SPEECH/LANGUAGE PATHOLOGY - VISIT CHARGE

- 5) The Requested Services screen will populate with the services selected, at which point users can then enter the visits being requested in the right hand "Visits/Units" column.

All fields marked with an asterisk (\*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page. Please indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed.

[Click Here to Add or Modify Service Codes](#)

### Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
HOME	MA					2
MEDICATION ADMIN VISIT						
HOME	SN					2
NURSING CARE, IN THE HOME; BY RN						
HOME	T1004					56

**Please Note:** The Place of Service will auto-populate with "Home". If the service is being provided in a place other than "Home," users can select the appropriate place of service from the drop-down menu.

- 6) To complete the request, users will click Submit at the bottom of the page.