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

Provider Bulletin 2016-05
February 2016

TO: Home Health Agencies and PCA Access Agencies
RE: Changes in the Home Health Prior Authorization Process for PCA Waiver Clients

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Effective **February 25, 2016**, the Department of Social Services (DSS) will be making changes to the Personal Care Assistant (PCA) Waiver Program. Similar to Home Health services authorized under the Connecticut Home Care Program (CHC), **effective February 25, 2016**:

- **All Home Health services** provided to PCA Waiver clients will be required to be in a PCA Care Plan approved by the Access Agency care managing the client.
  - **Home Health Services for clients with a PCA Waiver benefit plan will no longer be authorized by CHN,** the Department of Social Services Medical Administrative Services Organization.

- **Current open CHN Authorizations for PCA Waiver clients will be end-dated by Hewlett Packard Enterprise.** A list of end-dated CHN PAs will be provided to the Access Agencies as notification that a new Home Health PA may need to be added to the Care Plan.

- **Home Health services provided to PCA Waiver clients below or at standard benefit that currently do not require CHN authorization must have a service authorization on the client's care plan effective for dates of service February 25, 2016 and forward. Home Health Agencies currently servicing PCA Waiver clients under or at standard benefit should immediately contact the client's care manager for service authorization.**

Home Health Agency providers should review the client's care plan via their secure Web account on the www.ctdssmap.com Web site as soon as possible to ensure all services being provided are on the care plan. Providers should access the "Prior Authorization" menu and select "Prior Authorization Search". The Prior Authorization (PA) functionality allows the provider to search by client ID or Prior Authorization Number. Providers can further narrow a search result by date or service via Procedure Code, Revenue Center Code (RCC), Procedure Code List or Procedure Code/Modifier (Proc/Mod) List. Search results can also be sorted by field, in ascending or descending order, by clicking on the field heading to control how the data search results will display.

Home Health Agency providers are reminded that services that do not appear on the client's care plan will not be paid until they are added to the care plan. As a result, discrepancies between services being provided and those documented on the care plan should be reported immediately to the client's care manager for resolution.

Authorized PCA waiver codes will be similar to the CHC program with the exception of the following two new Home Health Aide procedure/modifier code lists:

Procedure/Modifier List Code = NA	
Service Description	**Procedure Code/Modifier**
Nursing Aide Services per 15 min.	T1004
Nursing Aide Services Subsequent client per 15 min.	T1004 TT

Procedure/Modifier List Code = NN	
Service Description	**Procedure Code/Modifier**
Nursing Aide Services *(one time only)*	T1004 U2
Nursing Aide Services Subsequent client *(one time only)*	T1004 U2 TT

Home Health codes that will be authorized for PCA Waiver client services are available via a link to the ***PCA Procedure Code Cross Walk*** which can be found in **Chapter 8, Section 8.3, field 44, of the Claim Submission Instructions of the Home Health Provider Manual.**

The ***PCA Procedure Code Cross Walk*** contains the Procedure code, RCC or list code that can be authorized for the service(s) to be provided. Also included is a description of the service and when authorized by a list code, the associated billing codes which can be billed in any combination, up to the units authorized. The PCA Cross Walk further provides the unit of service increment, allowed billing provider, valid frequency and care plan limitations requiring PA.

Care Plan Changes

As with the CHC Program, PCA Care Plans are subject to modification to meet the change in service needs of the client or as they transition to or from a hospital or nursing home environment. As PCA Waiver claims may have paid against Care Plans that have been modified, end-dated and restarted, Hewlett Packard Enterprise will implement a monthly recoupment and reprocessing, where PCA Waiver claims impacted by a care plan change will be reprocessed. There will be a two month delay from PA change to the month in which the recoupment and reprocessing will occur in the first financial cycle. Recouped claims will appear with an Internal Control Number (ICN) beginning with a region code 52 in the adjustment section of the provider's Remittance Advice (RA) with an Explanation of Benefit (EOB) code 8236 – "Claim was recouped due to a PA change". The resubmitted claims will appear with an ICN beginning with a region code 24 in either the paid or denied section of the RA, depending on the changes made to the PA, with an EOB code 8238 – "Claim Systematically Reprocessed Due to a PA/Service Order Change". As a reminder, claims voided and resubmitted with no financial impact to the provider will not appear on the PDF version of the RA. These claims, however, will appear on the 835 and can also be accessed under claim inquiry on the provider's secure Web account. The voided claims will appear as region code 52 claims with an EOB code of 8236. The reprocessed claims will appear as a region code 24, however, the EOB code associated to these claims will be 8237 – "Claims Systematically Reprocessed Due to a PA Change-Information Only". PLEASE NOTE: Claims with no financial impact will not be reflected in the "current summary" totals of the RA, however, the Month-To-Date and Year-To-Date totals will reflect these claims.