

PROVIDER ALERT

Alert#: **PA-2017-07**
Issued: **September 28, 2017**
To: **CT BHP Home Health Providers**
Subject: **Start of Care and Resumption of Care Evaluations**

Dear Provider,

This alert is being distributed to Home Health providers as notification of the updated process for providers to obtain authorizations for Start of Care and Resumption of Care Evaluations.

As outlined in the CMAP State Policy Transmittal 2017-14 / Provider Bulletin 2017-30 distributed in June of 2017, the Department of Social Services notified Home Health providers that while the Department no longer required home health agencies to bill modifier TD with HCPCS code T1001 for the start of care (SOC) evaluation, or for the resumption of care (ROC) evaluation, performed by registered nurses effective April 1, 2017, prior authorization would still be required when the same home health agency bills HCPC code T1001 more than once in a calendar year*.

Beacon Health Options has updated the current Home Health provider authorization process and has created a unique authorization service class for SOC and ROC requests. **This change will require Home Health providers to specifically request authorization for the following:**

- Start of care (SOC) evaluations (HCPC code T1001) when the same home health agency bills more than once within a calendar year, *for dates of service September 1, 2017 and forward.*
- Resumption of care (ROC) evaluations (HCPC code T1001), performed by registered nurses *for dates of service September 1, 2017 and forward.*

For start of care evaluation requests in excess of one per calendar year, Home Health providers will need to request authorization for 1 SOC when registering an Initial Authorization Request through the ProviderConnect online portal. Home Health providers will need to state the start of care date of service needed and reason for request.

For resumption of care evaluation authorization requests, Home Health providers will utilize the inquiry function through the ProviderConnect online portal. Home Health providers will need to state the resumption of care date of service being requested and reason for request.

IMPORTANT – PLEASE NOTE

Prior Authorizations

Effective October 1st, Home Health providers will need to utilize the above functions for any SOC/ROC request. For dates of service 9/1/17-10/1/17, Beacon Health Options will be directly outreaching to Home Health providers with instructions on how providers can submit a list of authorizations needed for members requiring a ROC (or SOC in excess of 1 per calendar year), including the member name, ID, DOB and date of service. Beacon Health Options will complete those authorization requests.

Billing

In an effort to ease the administrative burden for Home Health providers, the Department of Social Services and DXC Technologies have lifted SOC/ROC authorization requirements (HCPC code T1001) for dates of service between 4/1/17 – 8/31/17. Home Health providers can bill SOC/ROC evaluation(s) for dates of service 4/1/17 – 8/31/17 without authorization. Please see above for guidance about authorization for dates of service 9/1/17-9/30/17. For dates of service 9/1/17 and forward, authorization will be required.

Please refer to CMAP Policy transmittals for more information pertaining to proper billing and clinical guidelines.

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

Thank you,

Provider Relations Department Connecticut
Behavioral Health Partnership

*** *Sec. 17b-262-732. Prior Authorization***

(a) To receive payment from the department the provider shall comply with the prior authorization requirements described in section 17b-262-528 of the Regulations of Connecticut State Agencies and this section. The department, in its sole discretion, shall determine what information is necessary to approve a prior authorization request. Prior authorization does not, however, guarantee payment unless all other requirements for payment are met.