

# interChange Provider Important Message

## **Attention Acquired Brain Injury (ABI), Connecticut Home Care (CHC) Service Providers and Access and Case Management Agencies – Personal Care Assistance (PCA) Service Authorization Changes and Reminders**

The Department of Social Services (DSS) implemented a number of PCA Procedure Code/Modifier (Proc/mod) lists in May 2017, see **Provider Bulletin 2017-18**, to provide an increased level of flexibility in the authorization of PCA services to multiple clients serviced in the same household.

DSS has also recently implemented an additional Proc/mod list code 41, **Personal Care Services, Per 15 min, one time only - Agency**, effective for dates of service January 1, 2018. The Prior Authorization (PA) of list code 41, will allow an ABI or CHC Service provider to bill procedure code/modifiers 1021Z U2 or 1021Z U2 TT as applicable, providing additional flexibility in the authorization of one time only PCA services for multiple clients serviced in the same household.

As a result of implementing these “list” codes, the Access and Case Management Agencies have been authorizing proc/mod list codes, instead of the individual codes as noted. For example, list code 33 for PCA, per 15 minute services is authorized instead of 1021Z or 1021Z TT. The use of a proc/mod list rather than the individual service codes allows for flexibility when the primary serviced client (1021Z) is hospitalized or is otherwise not in the home at the time of service, resulting in the subsequent client (1021Z TT) becoming the only/primary client serviced at the time of the visit, eliminating the need for an additional service authorization request by the provider.

While the practice of list codes vs individual codes can be quite beneficial in a multiple client serviced household, recent practice by some agencies has begun to assign proc/mod lists when only one client in a multi individual household is receiving services, or the client is residing alone. Although this is contrary to prior practice, it will have no impact on claims if the provider schedules and submits a claim for single client services.

As a reminder, although list codes can provide flexibility of service, each procedure code/modifier associated to the “list” code may or may not be applicable for the service scheduled/provided to the client.

Providers can access the most current Procedure Code Crosswalk listing via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page > Provider > Provider



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Services > Provider Training > Click “here” link. > Under “Materials” click ABI or CHC Workshops link > Waiver Procedure Code Crosswalk 2018.

Each Waiver Procedure Code Crosswalk can also be found as a link in the Claim Submission Chapter 8 of the Waiver Provider Manual. Via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page > Publications > Provider Manuals Chapter 8 > select Waiver > Click View Chapter 8.