



TO: Home Health Agencies

RE: New Proc/Mod List Code for Oral Medication Administration Direct Observation Services under the Acquired Brain Injury (ABI), Connecticut Home Care (CHC) and Personal Care Assistance (PCA) Waiver Programs

The Department of Social Services (DSS) has added **Proc/Mod List code 29** for Oral Medication Administration Direct Observation services to the ABI, CHC and PCA Care Plan Table. As a result, as of **May 1, 2017**, Acquired Brain Injury (ABI) Waiver Case Management Agencies, Connecticut Home Care (CHC), and Personal Care Assistance (PCA) Waiver Access Agencies may begin using Proc/Mod List code 29 when authorizing Oral Medication Administration Direct Observation services **effective for dates of service March 1, 2017**, as noted below:

Oral Medication Administration, Direct Observation	List Code – 29
Description of Service	Procedure Code
Oral Medication Administration, Direct Observation	H0033
Oral Medication Administration, Direct Observation, subsequent client	H0033 TT

Also, procedure codes **H0033 and H0033 TT** have been removed from **Proc/Mod List code MA effective for dates of service March 1, 2017 and forward**. As a result, when the ABI Waiver Case Management Agencies or CHC and PCA Access Agencies authorize list code MA, the following procedure codes will be inclusive of the service authorization as noted in the following table:

Medication Administration	List Code - MA
Description of Service	Procedure Code
Medication Admin. Visit	T1502
Medication Admin. Visit, subsequent client	T1502 TT
Medication Admin., other than oral or injectable, Visit	T1503
Medication Admin., other than oral or injectable, Visit, subsequent client	T1503 TT

ABI Case Management Agencies and CHC and PCA Access Agencies are reminded that procedure code H0033 or H0033 TT may still be authorized individually if more suitable to the client's care plan.

If services are authorized by a list code, the list code, instead of the procedure code or procedure code/modifier, must be on the Care Plan. Home Health Agencies can bill any combination of the codes associated to the list code authorized up to the number of units authorized for the span dates of service.

All procedure codes listed are required on the client's Care Plan and are Electronic Visit Verification (EVV) mandated.

Home Health Agencies are reminded that the procedure codes associated with **Proc/Mod code lists 29 and MA** as indicated above have been in place since **March 1, 2017** for use by DSS' contracted Administrative Services Organizations, Community Health Network of CT (CHNCT) and Beacon Health Options.

Home Health Agencies should refer issues with existing **Medical Prior Authorizations (PAs)**, authorized for **HUSKY only clients**, directly to **CHNCT at 1-800-440-5071**.

Home Health Agencies should refer issues with existing **Behavioral Health PAs**, authorized for **HUSKY only clients**, directly to **Beacon Health Options at 1-877-552-8247**.

Home Health Agencies should refer **discrepancies with existing PAs authorized for ABI, CHC or PCA waiver clients** to the Case Management Agency (ABI Waiver) or Access Agency (CHC or PCA Waiver) managing the client's care as follows:

Connecticut Community Care (CCCI)
serviceauthissues@ctcommunitycare.org

South Western Connecticut Area on Aging (SWCAA)
SWCAABillings@swcaa.org

Agency on Aging of South Central CT (AASCC) chcbilling@aoascc.org or via fax at (203) 752-3064

Western Connecticut Area on Aging (WCAA) (203) 465-1000

Prior Authorizations viewed via the provider's secure Web account that do not appear in the provider's Santrax System within two business days should be reported to DXC Technology via the following e-mail address:

ctevv@dx.com.

