



Connecticut Medical Assistance Program
Policy Transmittal 2017-13

Provider Bulletin 2017-39
June 2017

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2017
Contact: Dana Robinson-Rush 860-424-5615

TO: Medical Equipment, Devices and Supplies, Hospitals-Outpatient, Clinics-Rehabilitation, Independent Physical Therapists, Independent Occupational Therapists, Independent Audiologists, Independent Speech and Language Pathologists

RE: HUSKY Plus Coverage Updates

In an effort to streamline processes, the Department of Social Services (DSS) effective July 1, 2017 will integrate HUSKY Plus into the current administrative processes used for HUSKY A, B, C and D. HUSKY Plus provides supplemental coverage of goods and services for eligible HUSKY B members under the age of 19 years old; who have intensive physical health needs and have exhausted one or more of their benefits covered under the HUSKY B plan.

Effective July 1, 2017, there are also updates to HUSKY Plus which include changes to the prior authorization (PA) process, claims processing and processing payments for reimbursement.

HUSKY Plus Benefit Categories

For more information about the medical benefits covered under HUSKY Plus, please click on or go to the following web address and then scroll down to “HUSKY Health Program Benefit Grids”.

http://www.huskyhealthct.org/providers/benefits_authorizations.html#

Click on any of the following benefit grids, which are applicable to HUSKY Plus coverage:

- Medical Equipment, Devices and Supplies (MEDS or DME)
- Hospital Outpatient
- Clinic-Rehabilitation

- Therapy Services

The Prior Authorization Process

The current HUSKY Plus contractor, Connecticut Children’s Medical Center (CCMC) will only process new PA requests and reimbursement to providers for dates of service **prior to July 1, 2017**.

All new HUSKY Plus PA requests for dates of service, July 1, 2017 and forward should be submitted to the DSS’ administrative service organization, Community Health Network of Connecticut, Inc. (CHNCT) for processing. CHNCT and CCMC will coordinate efforts to handle requests for goods or services that start prior to and are still needed after July 1, 2017. In addition, DXC Technology will process all HUSKY Plus claims and reimbursement payments for dates of service, July 1, 2017 and forward.

All providers of services covered under HUSKY Plus must be enrolled in the Connecticut Medical Assistance Program provider network.

The requesting provider must submit the Outpatient PA Request Form and indicate in the appropriate box whether the request is for HUSKY Plus supplemental coverage. In addition to the PA request form, providers must submit pertinent clinical information supporting the medical necessity of the requested good or service.

Any first-time PA requests will be reviewed first under the HUSKY B plan coverage. If the good or service is not covered under HUSKY B, the request will be automatically reviewed for medical necessity under HUSKY Plus. A medical necessity determination will be communicated to the provider.

For continuation of services, providers must submit a PA request form requesting services under HUSKY Plus at least fourteen (14) days prior to the end date of the current PA in order to avoid delays. PA reviews will be completed within fourteen (14) calendar days. However, PA requests lacking sufficient clinical information will be pended for additional information for up to twenty (20) business days. If requested documentation is not received, the PA request will be denied.

The Outpatient Prior Authorization Request Form is available on the HUSKY Health Web site (www.ct.gov/husky); click on “For Providers” followed by “Prior Authorization” and then “Prior Authorization Forms & Manuals” to access this form.

Outpatient Therapies PA Process

Rehabilitation clinics and independent therapists must submit PA requests using a Procedure Code Group and number of units that identify the requested service. Please refer to the following table for a complete list of code groups and the associated procedure codes under HUSKY Plus:

Code Group	Benefit	CPT Codes
HPOTC (758)	Occupational Therapy - Clinic	29125, 29126, 29131, 29260, 29280, 29540, 64550, 97165-97168, 97530, 97532, 97533, 97535, 97542, 97597, 97598, 97602, 97755, 97760-97762
HPPTC (759)	Physical Therapy - Clinic	29125, 29126, 29131, 29260, 29280, 29540, 64550, 97010, 97012, 97014, 97016, 97018, 97022, 97026, 97032-97035, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97161-97164, 97530, 97542, 97597, 97598, 97602, 97755, 97760-97762
HPSTC (760)	Speech Therapy - Clinic	92507, 92508, 92520-92524, 92526, 92537, 92538, 92540-92542, 92544-92547, 92550, 92553, 92555-92557, 92565, 92567, 92568, 92570, 92577, 92579, 92582, 92583, 92585-92588, 92597, 92610, 94664, 96105, 96118-96120
HPPTI (761)	Physical Therapy - Independent	97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032-97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97161-97164, 97530, 97542, 97760, 97761
HPOTI (762)	Occupational Therapy - Independent	97165-97168, 97530, 97542, 97760, 97761
HPSTI (763)	Speech/Audiology Therapy - Independent	92507, 92508, 92521, 92522-92524, 92531, 92533, 92534, 92537, 92538, 92540-92542, 92544, 92545, 92547, 92548, 92550-92553, 92555-92558, 92562-92565, 92567, 92568, 92570-92572, 92575-92577, 92579, 92582, 92583, 92585-92588, 92592, 92593, 92596, 92601-92604, 92620, 92621, 92625-92627, 92630, 92633, 92640

Claims will still need to be submitted with the appropriate CPT Code(s) and number of units or revenue center code for outpatient claims.

Claims Processing

Medical vendors and providers must submit their claims to CCMC for dates of service prior to July 1, 2017. Payment will be remitted by CCMC to vendors and providers that comply with the timely filing requirements (60 calendar days from the date of service). Claims submitted more than sixty (60) days from the date of service **WILL NOT** be reimbursed.

Claims for dates of service on or after July 1, 2017 must be submitted electronically to DXC Technology or through the www.ctdssmap.com Secure Web portal.

Training Webinar:

CHNCT invites providers to attend a webinar which is being presented on Tuesday, June 20, 2017 at 12:00 pm. This webinar will cover the changes in the prior authorization and claims submission process. In order to register to attend, please click on the following link:

<https://zoom.us/webinar/register/e60048c7bab5825a8c34be5db4a05ad8>

Attendees will be asked to provide the provider's name, NPI, contact name, contact telephone number and email address. Please note, while multiple attendees from a provider's office may attend, each attendee

must register separately by clicking on the link and fill out registration individually. A confirmation number will be given to providers once they have successfully registered for the webinar.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Contact Information:

For questions about PAs, claims processing and payments for dates of services prior to July 1, 2017, please call CCMC at 1-877-743-5516.

For questions about PAs for dates of service, July 1, 2017 and forward, please call CHNCT at 1-800-440-5071 between the hours of 8:00 a.m. to 6:00 p.m.

For assistance with provider enrollment, claims processing and payments for date of service, July 1, 2017 and forward, please call DXC Technology at 1-800-842-8440.

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