



Connecticut Medical Assistance Program
Policy Transmittal 2020-29

Provider Bulletin 2020-35
April 2020

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Effective Date: March 16, 2020
Contact: Kathy Bruni (860) 424-5177

TO: Acquired Brain Injury (ABI), Connecticut Home Care (CHC), Mental Health Waiver (MH), Personal Care Assistance (PCA), Home Health and Access Agencies

RE: CMAP COVID-19 Response – Bulletin 20: TU Modifier - Overtime

As an interim measure in response to the Governor’s recent declaration of a public health emergency as the result of the outbreak of COVID-19 (coronavirus), DSS is temporarily adding modifier TU – Overtime, to the list of modifiers that ABI, CHC, PCA, and MH waiver service providers can use when submitting claims for adjudication to DXC Technology.

Effective for dates of service March 16, 2020 until DSS has notified providers in writing that the state has deemed COVID-19 no longer to be a public health emergency or DSS otherwise determines in writing that some or all of these specific measures are no longer needed to help protect the public health (the “Temporary Effective Period”), modifier TU is approved for use when submitting claims for the payment of overtime services.

Note: Please carefully review the entirety of this bulletin along with all other provider bulletins and documents (i.e. FAQs) found on the Connecticut Medical Assistance Program (CMAP) Web site, www.ctdssmap.com.

Modifier TU is used to identify and pay overtime services for caregivers who provide more than 40 hours of care for a HUSKY Health participant on the ABI, CHC, MH and PCA waivers in a pay week.

Personal Care Assistance (PCA)

1021Z – Personal Care Services: Per 15 Minutes

Acquired Brain Injury (ABI)

1021Z – Personal Care Services: Per 15 Minutes

1211P – Recovery Assistant

1212P – Recovery Assistant II

1536P – Companion Services, Per ¼ Hour

Connecticut Home Care (CHC)

1021Z – Personal Care Services: Per 15 Minutes

1210Z – Companion Service – Agency Per ¼ Hour

1213M – Recovery Assistant Agency, Per 15 Minutes

1226Z – Respite Care in the Home ¼ Hr

3027Z – Respite, PCA, Agency, Per 15 Min

Mental Health Waiver (MHW)

1213M – Recovery Assistant Agency, Per 15 Minutes

Proc/Mod Lists

33 – 1021Z, 1021ZTT

41 – 1021ZU2, 1021ZU2TT

ABI, CHC and PCA Electronic Visit Verification (EVV) Updates

Effective March 16, 2020, the TU modifier has been added to the EVV system. Providers should continue to use EVV to capture visit data and confirm visits prior to submitting claims to DXC for adjudication. If a provider is

submitting claims through Santrax, they must add the rate for services billed with a TU modifier into Santrax. For assistance in adding/updating rates in Santrax, please refer to [At Your Fingertip tip sheet #33 – Entering and Updating Your Billing Rates](#). To access the At Your Fingertips tip sheet, navigate to www.ctdssmap.com > Electronic Visit Verification > At Your Fingertips Tip Sheets.

As a reminder, the EVV requirement for 1536P – Companion Services, Per ¼ Hour provided by ABI Service Providers has been temporarily suspended.

It is important to note that a separate schedule must be created for the services performed with the TU modifier. For example, if a caregiver is scheduled for 50 hours of care, the first 40 hours of care would be scheduled and then 10 hours of overtime scheduled on a separate line. For assistance in creating a split schedule in Santrax, please contact Sandata Customer Care at 1-855-399-8050.

When submitting claims for services performed in excess of 40 hours per week by the same caregiver, the provider should bill any overtime services on a separate claim detail and with the TU modifier. For example, if a caregiver provided 50 hours of care in a week, the provider would bill 40 hours at their usual and customary rate and the 10 hours of overtime on a separate line item with the TU modifier. For assistance in submitting claims via the CMAP secure site, please refer to the New Provider Workshop. It can be found by navigating to www.ctdssmap.com > Provider Quick Links Box > Provider Training > New Provider Workshops.

Prior Authorization (PA)

For participants with the PCA, ABI or CHC waiver benefit plans, providers must request Prior Authorization (PA) containing the TU modifier from the Access Agency responsible for the participant's care plan when worked hours exceed 40 in a pay week. For participants

with the MH waiver benefit plan, providers must request PA from Advanced Behavioral Health (ABH) when worked hours exceed 40 in a pay week.

The PA will be visible via the DXC provider portal. Providers can access their PAs by logging into the secure site, www.ctdssmap.com > Prior Authorization > Prior Authorization Search.

When billing the overtime service, the claim and PA must match exactly in order for the claim to pay the overtime rate.

Posting Instructions:

Policy transmittals can be downloaded from the CMAP Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the CMAP by DXC Technology.

Responsible Unit:

DSS, Division of Health Services, Community Options Unit, Kathy Bruni, Director, (860) 424-5177 or Kathy.A.Bruni@ct.gov.

Date Issued: April 2020