



**TO: Home Health Agencies and Access Agencies**

**RE: New Proc/Mod List Codes for Nursing Management and Evaluation of the Plan of Care under the Autism, 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 39 and 40** for Nursing Management and Evaluation of the Plan of Care to the Autism, Acquired Brain Injury (ABI), Connecticut Home Care (CHC) and Personal Care Assistance (PCA) Care Plan Tables with a retroactive effective date of January 1, 2018. As a result, Case Management and Access Agencies may immediately begin using Proc/Mod List codes 39 and 40 when authorizing Nursing Management and Evaluation of the Plan of Care services **effective for dates of service January 1, 2018 and forward**, as noted below:

Nursing Management and Evaluation of the Plan of Care; One Time Only, Subsequent Client	G0162 TT:U2
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Case Management and Access Agencies are reminded that procedure codes G0162, G0162 TT, G0162 U2 and G0162 TT U2 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 for CHC, ABI, and PCA waiver clients.

Home Health Agencies are reminded that the procedure codes associated with **Proc/Mod code lists 39 and 40** as indicated above have been in place since **January 1, 2018** for use by DSS' contracted Administrative Services Organization, 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

<u>Nursing Management and Evaluation of the Plan of Care</u>	List Code – 39
Description of Service	Procedure Code
Nursing Management and Evaluation of the Plan of Care	G0162
Nursing Management and Evaluation of the Plan of Care; Subsequent Client	G0162 TT

<u>Nursing Management and Evaluation of the Plan of Care; One Time Only</u>	List Code – 40
Description of Service	Procedure Code
Nursing Management and Evaluation of the Plan of Care; One Time Only	G0162 U2

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 Autism, ABI, CHC, or PCA waiver clients** to the Case Management Agency or Access Agency managing the client's care as follows:

**Connecticut Community Care (CCCI)**  
[serviceauthissues@ctcommunitycare.org](mailto:serviceauthissues@ctcommunitycare.org)

**South Western Connecticut Area on Aging (SWCAA)**  
[SWCAABillings@swcaa.org](mailto:SWCAABillings@swcaa.org)

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

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

**Autism Unit – DSS Community Options Unit**  
[AutismCaseManagement.DSS@ct.gov](mailto:AutismCaseManagement.DSS@ct.gov)