



Connecticut Department of Social Services

Medical Assistance Program

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Provider Bulletin 2012-28

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To: Rehabilitation Clinics, Independent Physical Therapists, Occupational Therapists, Speech Therapists and Physician Therapy groups

Subject: Changes to Authorization Process and New Authorization Portal for Requesting Rehabilitation Therapy

Changes to Prior Authorization Process

Effective July 1, 2012, rehabilitation clinics, independent therapists and physician therapy groups, can no longer request prior authorization for *most* therapy services using individual CPT codes. Instead, authorization must be requested using a Procedure Code Group and number of units. Please see the following tables for a complete list of code groups and associated CPT codes and modifiers.

Rehabilitation clinics:

Code Group	Benefit	CPT Codes/Modifiers
RCSTI	ST Initial	92506, 92507, 92508, 92526
RCSTR	ST Re- authorization	
RCPTI	PT Initial	29125, 29126, 29131, 29260, 29280, 29540, 64550, 90901, 97001, 97002, 97010-97022, 97026, 97032-97035, 97110-97124, 97140-97535, 97542, 97597-97602, 97760-97762 (all with modifier GP)
RCPTR	PT Re-authorization	
RCOTI	OT Initial	29125, 29126, 29131, 29260, 29280, 29540, 64550, 90901, 97003, 97004, 97010 – 97022, 97026, 97032-97035, 97110-97124, 97140-97535, 97542, 97597-97602, 97760-97762 (all with modifier GO)
RCOTR	OT Re-authorization	

Example: A rehabilitation clinic requesting an initial authorization for 97032 – 2 units and 97035 – 2 units, services to be performed by a physical therapist, would request authorization using Code Group “RCPTI” with 4 units. However, claim would still be submitted with CPT Code(s), Modifier(s) and number of units.

For services performed in a rehab clinic, not included in the table above (HCPCS codes 94664, S5105, S9446 and T1025), authorization would be requested using the applicable CPT or HCPCS code.

When the services described by CPT/HCPCS codes 92557 and V5010, are performed more than once per year by the same provider, prior authorization is required. Authorization

would be requested using the applicable CPT or HCPCS code.

Prior authorization is required for audiology evaluations in excess of one per year. Authorization would be requested using the applicable CPT codes as listed on the DSS Rehab Clinic Fee Schedule.

Independent Therapy Providers:

Code Group	Benefit	CPT Codes
INSTI	ST Initial	92507, 92508
INSTR	ST Re-authorization	
INPTI	PT Initial	97002, 97010-97150, 97530, 97542, 97760, 97761
INPTR	PT Re-authorization	
INOTI	OT Initial	97004, 97010-97150, 97530, 97542, 97760, 97761
INOTR	OT Re-authorization	

Example: A physical therapist requesting an initial authorization for 97032 – 2 units and 97035 – 2 units, would request authorization using Code Group “INPTI” with 4 units. However, claim would still be submitted with CPT Code(s) and number of units.

Physician Therapy Groups:

Code Group	Benefit	CPT Codes
MDPTI	Physician Therapy Initial	97010-97530, 97533-97546
MDPTR	Physician Therapy Re-authorization	

Example: A physician therapy group requesting an initial authorization for 97032 – 2 units and 97035 – 2 units, would request authorization using Code Group “MDPTI” with 4 units. However, claim would still be submitted with CPT Code(s) and number of units.

New Authorization Portal for Requesting Rehabilitation Therapy

Effective July 1, 2012, the Department of Social Services (DSS), through the medical administrative services organization (ASO), Community Health Network of CT (CHNCT), will begin offering Rehabilitation Clinics, Independent Physical, Occupational and Speech Therapists and Physician Therapy Groups the ability to submit prior authorization requests online for HUSKY Health and Charter Oak Health Plan clients via a secure authorization portal, Clear Coverage. Through this secure portal, the provider will have the ability to request occupational, physical, or speech therapy services that require an authorization, submit the clinical information and track the status of the request.

Online training sessions are available for the new online authorization portal. Providers are being trained on the following topics:

- Demonstrating use of the online portal
- Securing user access information
- Verifying client eligibility
- Submitting authorization request
- Viewing status of request

Providers are encouraged to attend a training session to facilitate use of the system. However, training materials will also be posted on www.huskyhealth.com; Click *For Providers*; click *Provider Trainings & Events*.

To register for one of the online authorization trainings, please visit www.huskyhealth.com; Click *For Providers*; Click *Provider Trainings & Events*; Click *Online Authorization Webinars*. You can then choose a webinar to sign up for.

As of July 1, 2012, requests for prior authorization of physical therapy, occupational therapy and speech therapy will no longer be accepted by HP.

Providers will submit requests to the CHNCT via either:

- Clear Coverage online portal,
- Phone 1-800-440-5071 (Monday through Friday from 8 a.m. to 7 p.m.), or
- Fax at (203) 265-3994 utilizing the Authorization Request Form, which can be found online at www.huskyhealth.com Click *For Providers*; Click *Provider Bulletins and Updates*; Click *Outpatient Authorization Request Form*.

Use of the online authorization portal is encouraged as of July 1, 2012 for authorization requests for Independent Rehabilitation Therapies. Clear Coverage has been added as an authorization request system to provide ease of use, faster

turnaround times and more efficiency by offering providers access to verify eligibility and enter an authorization request in one web-based portal.

You can access the Clear Coverage Online Authorizations portal beginning July 1, 2012 by visiting www.huskyhealth.com; Click *For Providers*; Click the *Clear Coverage* button.

In order to set up a user account we will need the following information:

- Name of your employees (first and last name) who will be viewing or entering authorizations within Clear Coverage
- Title of each employee
- Department
- Phone number for each employee, in case of any questions
- Email address of each employee
- Provider name that access is being requested for
- Provider AVRS ID that the employee is requesting access to

Please email the above-listed information to ClearCoverageHelpDesk@chnct.org.

We will send your login information to the email address identified by your organization in a secure email. If you have any questions regarding login information, please call CHNCT's Technical Support at 1-877-606-5172.

If you have additional questions regarding the prior authorization process, please call CHNCT at 1-800-440-5071.