

Prior Authorization Changes – Interim Measures

The Department of Social Services released [Provider Bulletin 2020-33](#) on April 13, 2020. As an interim measure in response to the Governor's declaration of a public health emergency as the result of the outbreak of COVID-19 (coronavirus), the Department of Social Services (DSS) is temporarily changing the prior authorization (PA) requirements for specified services effective for dates of service April 1, 2020.

During the Temporary Effective Period, the following services will not require Prior Authorization:

Inpatient Hospital Admissions

- Applies to all inpatient general acute care hospitals, children's hospitals, chronic disease hospitals, and freestanding psychiatric hospitals. Hospitals reimbursed via the All Patient Refined-Diagnostic Related Groups (APR-DRGs) will continue to receive the assigned DRG payment for all medical inpatient admissions. Additionally, all inpatient behavioral health and rehabilitation services continue to remain an inclusive payment to the hospital, therefore professional services cannot be billed separately.

Please note: [PB 2020-33](#) should be viewed in its entirety to review specifics on those clients admitted medically and transition to Behavioral Health Services. The CT Behavioral Health Partnership (CT BHP) would like to remind Inpatient Hospitals that any behavioral health admission approved prior to 4/1/2020 must continue to have the authorization updated through Beacon Health Options in order for the claim to successfully process with DXC.

Level of Care guidelines and Medical Necessity criteria stay unchanged and services rendered during this interim period must be medically necessary. Beacon Health Options clinical staff and the ProviderConnect application will remain available to providers throughout this interim period and Beacon Health Options will continue to review and ensure that all initial requests as well as concurrent review requests are medically necessary. As such, Beacon will continue to issue denials if requests for inpatient services do not meet medical necessity.



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Outpatient Behavioral Health Services

- Applies to MDs, APRNs, Physician Assistants (PA), Outpatient Hospitals, Freestanding Psychiatric Hospitals, Opioid Treatment Programs, Freestanding Behavioral Health Clinics, Federally Qualified Health Centers, and Independent Behavioral Health Clinicians (Licensed Clinical Social Workers (LCSWs), Licensed Alcohol & Drug Counselors (LADCs), Licensed Marital and Family Therapists (LMFTs), Licensed Professional Counselors (LPC), and Psychologists

Please note: [PB 2020-33](#) should be viewed in its entirety to review corresponding procedure codes for the above outpatient behavioral health services.

Home Health Services

- Authorizations that are set to end in the months of April 2020 and May 2020 will be identified by Beacon Health Options and automatically extended for 90 days from the original date the current authorization is set to end. Providers do not need to request this extension: instead a new authorization letter outlining the new end date and units authorized will be available through the ProviderConnect portal.
- The PA thresholds for the following home health services will be increased to minimize the need for home health agencies to request PA:
 - Nursing Services – PA will be required for skilled nursing in excess of the initial evaluation and **five (5)** visits per week
 - Physical therapy services in excess of the initial evaluation and **four (4) visits** per week
 - Speech therapy services in excess of the initial evaluation and **four (4) visits** per week
 - Occupational therapy in excess of the initial evaluation and **two (2)** visits per week

Please note that there are no changes to the prior authorization requirements for home health aide services and these services still require PA for home health aide services in excess of fourteen (14) hours per week.

Services that are not specifically identified in the above provider bulletin or a subsequent provider bulletin, are expected to continue to follow current authorization requirements to be eligible for reimbursement. For Behavioral Health services, for which prior authorization has not been waived or changed, providers must continue to submit prior authorization requests through Beacon Health Options.