

**Connecticut Behavioral Health Partnership  
Authorization Schedule  
Home Health Care Agency**

| SERVICES  | EDS Service Class | EDS Payable Service | SVC/REVENUE CODE                                       | DESCRIPTION  | Auth Req'd? | Re-Auth? | Auth/Reg Eff Date |
|---|-------------------|---------------------|--|--|-------------|----------|-------------------|
| <b>HOME HEALTH AGENCY SERVICES</b>  |                   |                     |  |  |             |          |                   |
| Home Health Agency Services   | CSNVZ             | Y                   | 580/S9123  | Nursing care, in the home, by registered nurse, per hour*  | A           | A        | TBD               |
|   |                   |                     | 580/S9124  | Nursing care, in the home, by licensed practical nurse, per hour*  |             |          |                   |
|   |                   |                     | 580/T1001  | Nursing assessment / evaluation (1 per year)   |             |          |                   |
|   | na                | Y                   | 580/T1002  | RN services, up to 15 minutes. (payable only with S9123)   | N           |          |                   |
|   | na                | Y                   | 580/T1003  | LPN, LVN services, up to 15 minutes (pay only with S9124)  | N           |          |                   |
|   | CMADZ             | Y                   | 580/T1502  | Administration of oral, intramuscular and / or subcutaneous medication by health care agency / professional, per visit | A           | A        |                   |
| CHHAZ   | Y                 | 570/T1004           | Services of a qualified nursing aide, up to 15 minutes | A  | A           |          |                   |
|   |                   |                     |  | *Provider must bill TD modifier for initial evaluation (RN visit) and TT modifier for subsequent patient, same address |             |          |                   |
| <b>EPSDT</b>  |                   |                     |  |  |             |          |                   |
| EPSDT - BH Home Health  | CEPSZ             | Y                   | Determined case by case                                | Special services - Single case agreements.   | A           | A        | TBD               |
| <b>Auth Required/Re-Auth?</b><br>A= Authorization or reauthorization<br>R= Registration or re-registration (units registered/duration in months)<br>N= Neither authorization nor registration<br>A >2 means no PA required for first two services. PA required for subsequent services<br>A >4 means no PA required for first four units of service. PA required for subsequent units of service. |                   |                     |  |  |             |          |                   |