



Home and Community-Based Treatment (HCT) Submission Guidelines – Prior Authorization and CSR

The following is a guide for submitting Prior Authorizations (PA's) and Continued Stay Reviews (CSRs) for Home and Community-Based Treatment.

Prior Authorization:

- All Prior Authorizations are entered in by Kepro with one exception: Prior Authorizations are entered in by the HCT provider only if the member is on their Family Choice list. Providers will know member is on their Family Choice List when they receive an email from Kepro's Provider Relations department informing them that the member has been added to their Family Choice waitlist, and that they can submit a PA anytime they are ready to start serving the member.
- Verify that you have the correct member, and the correct Requesting and Servicing NPI numbers.
- **Service Type:** Section 65
- **Request Type:** Prior Authorization
- Procedure Codes:
 - H2021HO Master's
 - H2021HN Bachelor's
 - G9007HO Collateral Master's
 - G9007HN Collateral Bachelor's

Child Welfare:

- H2021HU Master's
- H2021HUU1 Bachelor's
- G9007HU Welfare Collateral
- Length of Service: Up to 30 days
- Quantity (units):
 - o H2021HO up to 24 units
 - o H2021HN up to 8 units
 - o Collateral 40 total units can be requested for the year.

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- **Diagnosis:** Enter the diagnosis for the member
- **Clinical Information:** No information is required in this section
- Attached Documents: If applicable
- **Questionnaire:** Fill out the questionnaire with the information that is known about the member.

Continued Stay Reviews:

Enter in the Case ID of the Prior Authorization and click on extend.

• **Service Type:** Section 65

• Request Type: Continued Stay Review

• Procedure Codes:

	H202′	1HO -	Master's
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- H2021HN Bachelor's
- G9007HO Collateral Master's
- G9007HN Collateral Bachelor's

Child Welfare:

- H2021HU Master's
- H2021HUU1 Bachelor's
- G9007HU Welfare Collateral
- Length of Service: Up to 90 days can be requested
- **Quantity (units):** Based on Clinical Assessment, on-going need, and treatment plan.
- **Diagnosis:** Update the diagnosis if needed.
- **Clinical Information:** No information is needed in this section
- Attached Documents: Upload the member's current treatment plan
- **Questionnaire:** Fill out the questionnaires in their entirety. The questionnaires ask all the information that is required to determine medical necessity, including the continued need for this level of care, how lack of progress will be addressed, family involvement, and how the units will be used in the upcoming authorization period, as well as other information needed to process the request. Make sure to include the frequency, intensity, and duration of member's current symptoms and behaviors, as well as parent/guardian involvement in treatment. Save changes.

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