

**Charter Oak Behavioral Health
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
HOME HEALTH AGENCY SERVICES							
Home Health Agency Services	CSNVZ	Y	580/S9123	Nursing care, in the home, by registered nurse, per hour*	N	N	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/C	N/C	
	na	Y	580/T1003	LPN . LVN services, up to 15 minutes (pay only with S9124)	N/C	N/C	
	CMADZ	Y	580/T1502	Administration of oral, intramuscular and / or subcutaneous medication by health care agency / professional, per visit	N	N	
CHHAZ	Y	570/T1004	Services of a qualified nursing aide, up to 15 minutes	N/C	N/C		
				*Provider must bill TD modifier for initial evaluation (RN visit) and TT modifier for subsequent patient, same address			
EPSDT							
EPSDT - BH Home Health	CEPSZ	Y	Determined case by case	Special services - Single case agreements.	N/C	N/C	TBD
<u>Auth Required/Re-Auth?</u> A= Authorization or reauthorization R=Registration or re-registration (units registered/duration in months) N=Neither authorization nor registration A >2 means no PA required for first two services. PA required for subsequent services A >4 means no PA required for first four units of service. PA required for subsequent units of service.							