

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

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

### **Prior Authorization:**

**In order for a Prior Authorization for Section 65 HCT to be processed, Eligibility for this service must have been reviewed and approved by KEPRO. Please see Section 65 Referral Process for a guideline to complete a Referral to determine eligibility. Prior Authorizations are entered in by HCT providers only if the member is on their Family Choice list. All other Prior Authorizations are entered in by KEPRO.**

Verify that you have the correct member, and the correct Requesting and Servicing NPI numbers

**Service Type:** Section 65

**Request Type:** Prior Authorization

**Procedure:** Code: H2021 HO- Masters; H2021 HN- Bachelors; G9007 HO- Collateral Masters; G9007 HN- Collateral Bachelors  
Welfare: H2021 HU- Masters; H2021 HUU1- Bachelors; G9007 HU- Welfare Collateral

Length of service: up to 30 days

Quantity: H2021 HO- up to 24 units

H2021HN- up to 8 units

Collateral- 40 total units can be requested for the year; most agencies request 20 for the BHP and 20 for the clinician

**Diagnosis:** Enter in the diagnosis for the member, if known

**Clinical Information:** No information is needed here.

**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:** Code: H2021 HO- Masters; H2021 HN- Bachelors; G9007 HO- Collateral Masters; G9007 HN- Collateral Bachelors  
Welfare: H2021 HU- Masters; H2021 HUU1- Bachelors; G9007 HU- Welfare Collateral

-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:** Nothing 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. Save Changes.