



Service facilitation visit authorization and limit reminder

Please note, this communication applies to Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) offered by HealthKeepers, Inc.

HealthKeepers, Inc. would like to remind Anthem CCC Plus providers of the visit limitations and a change to the authorization requirements for the Commonwealth Coordinated Care Plus Waiver Consumer Directed Service Facilitation visits.

There are several different management visits allowed to be billed by Service facilitators, as part of the Consumer Direction program. Service facilitators can review these visit types and defined expectation in the Commonwealth Coordinated Care Plus Waiver Services Provider Manual, as well as utilize the **How to Do Business Chart** on the DMAS website.

What is the change?

Effective September 1, 2022, prior authorization will be required for the following service:

- **Code:** (99509) Routine visit – authorization required.

HealthKeepers, Inc. will initiate the first round of authorizations for 99509, so no initial action is needed from the provider. However, they will be required to request renewal yearly as needed.

Defined below are the visit limitations allowed by HealthKeepers, Inc. as well as the authorization requirements.

Service code	Visit limits	Authorization required?
H2000 – <i>Initial Comprehensive Visit</i>	One visit per member per lifetime	Authorization required
S5109 – <i>Consumer Training Visit</i>	One visit per Employer of Record (EOR)	Authorization required (also required if service is requested due to change in EOR)
99509 – <i>Routine visit</i>	Five visits per rolling calendar year	Authorization required
S5116 – <i>Management Training Hours</i>	Two visits per rolling calendar year	Authorization required for any visits over the allowable limit
T1028 – <i>Reassessment Visit</i>	Two visits per rolling calendar year	Authorization required for visits over allowable limit

How do I request authorization?

Requests may be submitted by calling Provider Services at **855-323-4687, ext. 1061035152** or faxing the requests to one of the fax lines indicated below. All requests must include clinical documentation showing a medical reason why the member needs to have the service. As a reminder, we allow requests for authorizations

<https://providers.anthem.com/va>

to be submitted retroactively up to 10 calendar days after the service, however, approval is based on utilization review.

Documentation requirements:

- For **99509- Routine visit**: The service facilitator should supply DMAS 99 to coincide with visit.
Example: If frequency of visit is necessary due to a change in level of care, it should be documented appropriately on DMAS 99.
- For **S5116- Management training hours**: The service facilitator should supply DMAS 99 to coincide with visit.
*Example: If management training hours are provided upon the request of the individual/EOR, the service facilitator should document what training was provided and discussed. **This service is for EOR training only, as attendant training is the responsibility of the EOR.***
- For **T1028- Reassessment visit**: The service facilitator should supply DMAS 99 to coincide with visit.
Example: If reassessment visit needed after hospital discharge, should be documented appropriately on DMAS 99.
- For **S5109 – Consumer training visit**: The service facilitator should supply the *Fiscal Agent Request Form (FARF)* that shows proof in the change of the EOR, when requesting any additional visits outside of the standard one visit.

Fax lines

Anthem CCC Plus Waiver standard requests	844-864-7853
Anthem CCC Plus Waiver expedited requests	888-235-8390

If you have any questions about this communication, call Anthem HealthKeepers Plus, Medallion Provider Services at **800-901-0020** or Anthem CCC Plus Provider Services at **855-323-4687**.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/2XEUr24>).

