

Bulletin ID: No. 52 - Authorization for Payment of Consumer Transition Voucher (CTV)

The purpose of this bulletin is to outline the process for Providers to use to authorize payment of the CTV.

1. Consumers transitioning from the District of Columbia Core Services Agency (DC CSA) cannot be denied services for Diagnosis.
2. Providers will enter the authorizations for billing for the CTV using the following process:
 - a. Ensure the consumer has transferred from the DC CSA where the DC CSA span was open before the change to the new CSA (not from disenrolled or some other status)
 - b. Open a regular authorization plan and include the DC CSA as a rendered by provider for community support, counseling and medication/somatic services.
 - c. Open a CTV Authorization plan (it will default to a 9 month span) and add the CTV code T2022 with the default 3 units.
 - d. The service lines will “pend” upon saving
 - e. The Access Helpline will review for accuracy and eligibility for the voucher before approving (no clinical information is required)
 - f. Once CTV authorization is approved, the provider can bill against them by:
 - i. Submitting the first CTV claim with the first Mental Health Rehabilitation Service (MHRS) billed claim for the consumer after the transfer using the T2022 U1 billing code.
 - ii. Submitting the second CTV claim with the second MHRS billed claim for the consumer that occurs after 30 days of the first billed CTV claim using the T2022 U2 billing code.
 - iii. Submitting the third CTV claim with the third MHRS billed claim for the consumer that occurs after 30 days from the second billed CTV claim using the T2022 U2 billing code.

If you have questions regarding this Bulletin please contact your Provider Relations Representative.

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