



Prior Authorization Submission Instructions *Community Living & Supports (CLS)*

All Community Living & Supports (CLS) Authorization Requests must be submitted with the required data specified below:

1915(i) CLS

1. Line-Item Type: **I/DD**
2. Procedure Code: **T2013TFU4**
3. Treatment Type: **1915(i) CLS**

Innovations CLS

1. Line-Item Type: **I/DD**
2. Procedure Code: **T2013TF**
3. Treatment Type: **Community Living and Supports (CLS)**

Note: Treatment Type defaults to N/A and must be changed for all CLS requests. If the data is not entered accurately according to the specified guidelines, such as entering T2013TFHQ as the Procedure Code and leaving Treatment Type as N/A, the authorization will not successfully transition into Alpha+ and the provider will be unable to submit billing.

For members who have multiple CLS service options in the Individual Support Plan (ISP)/Care Plan:

- Only **ONE** Authorization Request should be submitted for the **total combined unit amount**.
*Example: Innovations ISP includes CLS Individual 4160 units and CLS Group 4160 units annually. In this case, **one** Authorization Request would be submitted under **T2013TF** for a total of **8320 units**.*

The authorization data entry requirements outlined above are applicable to all 1915(i) and Innovations CLS service codes, including:

- Individual
- Group
- Live in Caregiver
- Employer of Record
- Community Only
- Any combination of the above

The ISP/Care Plan and Budget should reflect the actual CLS service that will be provided:

- CLS Individual
- CLS Group
- CLS Employer of Record Individual
- CLS Employer of Record Group

Providers are required to deliver services in accordance with the approved ISP/Care Plan. Additionally, providers must ensure that claims are submitted using the correct CLS billing code.