

**Connecticut Behavioral Health Partnership
Authorization Schedule
Alcohol and Drug Centers**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd?	Re-Auth?	Auth/Reg Eff Date
DETOXIFICATION							
Inpatient Detox - Freestanding	CIPD9	Y	H0011	Detoxification in a freestanding facility	A	A	5/1/2006
Ambulatory Detox-Freestanding	CAMD9	Y	H0014	Medically Monitored Outpatient Detoxification Services	R (7/1)	A	9/1/2006
EPSDT							
EPSDT - BH- Detox	CEPS9	Y	Determined case by case	Special services - These are all single case agreements.	A	A	1/1/2006
<u>Auth Required/Re-Auth?</u> A= Authorization or reauthorization R=Registration or re-registration (units registered/duration in weeks) 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.							