

**Connecticut Behavioral Health Partnership
 Authorization Schedule
 FQHC - Medical Clinics**

FQHC providers must bill using the encounter code (T1015) and at least one of the procedure codes from the table below to indicate which service was provided during the encounter. A face-to-face encounter with the client or parent/guardian is required to qualify a service for reimbursement.

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd ?	Re-Auth?	Auth/Reg Eff Date
MENTAL HEALTH SERVICE							
Outpatient- Clinic	COTPC	Y	90801	Initial Psychiatric Interview Examination	R (26/12)	A	9/1/2006
			90804	Individual Therapy - 20-30 Minutes			
			90806	Ind. Therapy - 45-50 Minutes			
			90846	Family Psychotherapy (without patient present)			
			90847	Family Psychotherapy (with patient present)			
	90853	Group Psychotherapy					

Auth Required/Re-Auth?
 A= Authorization or reauthorization
 R=Registration or re-registration (units registered/duration in months)
 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.