

**Connecticut Behavioral Health Partnership
Authorization Schedule
General and Psychiatric Hospital**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd?	Re-Auth?	Auth/Reg Eff Date
INPATIENT HOSPITAL							
Psychiatric hospital or general hospital psychiatric unit	CIPFY	Y	114,124,134,144,154	Inpatient, 1 Day	A	A	4/1/2006
General hospital medical Unit	CIPMY	Y	110,111,112,113,115,117,118,119,120,121,122,123,125,127,128,129,130,131,132,133,135,137,138,139,140,141,142,143,145,147,148,149,150,151,152,153,155,157,158,159,160,164,167,169,170,171,172,175,179,190,200,201,202,203,205,207,208,209,210,211,212,213,214,219	Inpatient, 1 Day	A	A	4/1/2006
CHILD AND ADOLESCENT RAPID EMERGENCY SERVICE (CARES)****							
Evaluation	CCREY	Y	761	Treatment Room	R	n/a	10/15/2007
Inpatient	CCRSY	Y	101	All-inclusive room and board	R	A	10/15/2007
OBSERVATION SERVICES							
23 Hour Observation	COBSY	Y	762	23 Hour Observation	A	na	4/1/2006
INPATIENT DETOXIFICATION							
Inpatient Detox - General or psychiatric hospital	CIPDY	Y	116, 126, 136, 146, 156	Detoxification in an inpatient hospital	A	A	4/1/2006
INTERMEDIATE CARE PROGRAMS							
Partial Hospitalization- Hospital	CHPHY	Y	900, 913	Partial Hospitalization, 1 Day	A	A	5/1/2006
Intensive Outpatient - Hospital	CIOPY	Y	900, 905, 906	Intensive Outpatient - MH/SA	A	A	5/1/2006
Extended Day Treatment - Hospital	CEDTY	Y	900, 907	Extended Day Treatment	A	A	6/1/2006
HOME BASED SERVICES *							
Home Based Services - Hospital	CHVSY	Y	562, 569	Home Based Services	A	A	TBD
OUTPATIENT SERVICES							
Outpatient-Hospital	COTPY	Y	900, 914, 915, 916, 919	Psychiatric Service General (Evaluation) Individual Therapy Group therapy Family Therapy Other Behavioral Health Service (Med Management)	R (26/12)	R/A	9/1/2006
MEDICAL PSYCHIATRIC THERAPY							
ECT - facility component	na	Y	901	Electroconvulsive Therapy - facility component	N	na	
Ambulatory Surgery	na	Y	490	Ambulatory Surgery (Vagal nerve)	N	na	
PSYCHOLOGICAL TESTING							
Psych Testing - Hospital	CTSTY	Y	918, 900	Psychological Testing, 1 Hour Psychiatric Service General (Evaluation)	A	na	9/1/2006
EPSDT							
EPSDT-BH- Hospital	CEPSY	Y	Determined case by case	Special services - Single case agreements.	A	A	1/1/2006

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.
R/A = In the first year, providers can re-register for an additional 19 units without expanding the end date. After the initial authorization period, providers can re-register for 19 units in the ensuing 6 months. After three extensions, additional services require authorization.
Note - * For clients under 21 only
Note-**** For clients age 5 through 17 only