

**Connecticut Behavioral Health Partnership
Authorization Schedule
Independent Practitioners (MD, APRN, PhD, LCSW, LMFT, LPC, LADC)**

| SERVICES | EDS Service Class | EDS Payable Service | SVC/REVENUE CODE | DESCRIPTION | Auth Req'd? | Re-Auth? | Auth/Reg Eff Date | | | | | | |
|--|---|---------------------|---|---|-------------|--|-------------------|---|-------------------|--|---|----|--|
| INPATIENT PROFESSIONAL SERVICES (PHYSICIAN AND APRN ONLY) | | | | | | | | | | | | | |
| Inpatient E & M Services** | na | Y | 99221 | Initial Hospital Care (30 Minutes) | N | N | | | | | | | |
| | | | 99222 | Initial Hospital Care (50 Minutes) | | | | | | | | | |
| | | | 99223 | Initial Hospital Care (70 Minutes) | | | | | | | | | |
| | | | 99231 | Subsequent Hospital Care (15 Min.) | | | | | | | | | |
| | | | 99232 | Subsequent Hospital Care (25 Min.) | | | | | | | | | |
| | | | 99233 | Subsequent Hospital Care (35 Min.) | | | | | | | | | |
| | | | 99234 | OBSERVATION OR INPATIENT HOSPITAL CARE, LOW SEVERITY PROBLEM | | | | | | | | | |
| | | | 99235 | OBSERVATION OR INPATIENT HOSPITAL CARE, MODERATE SEVERITY | | | | | | | | | |
| | | | 99236 | OBSERVATION OR INPATIENT HOSPITAL CARE, HIGH SEVERITY PROBLEM | | | | | | | | | |
| | | | 99238 | Hospital Discharge Day Management: 30 Minutes or Less | | | | | | | | | |
| | | | 99239 | Hospital Discharge Day Management: More than 30 Minutes | | | | | | | | | |
| | | | Inpatient Consultations** | na | | | | Y | 99251 | Inpatient Consultation (20 Min.) | N | N | |
| | | | | | | | | | 99252 | Inpatient Consultation (40 Min.) | | | |
| 99253 | Inpatient Consultation (55 Min.) | | | | | | | | | | | | |
| 99254 | Inpatient Consultation (80 Min.) | | | | | | | | | | | | |
| 99255 | Inpatient Consultation (110 Min.) | | | | | | | | | | | | |
| 99271 | Confirmatory Consultation, Focused | | | | | | | | | | | | |
| 99272 | Confirmatory Consultation, Expanded | | | | | | | | | | | | |
| 99273 | Confirmatory Consultation, Detailed | | | | | | | | | | | | |
| 99274 | Confirmatory Consultation, Comprehensive, Moderate Complexity | | | | | | | | | | | | |
| 99275 | Confirmatory Consultation, Comprehensive, High Complexity | | | | | | | | | | | | |
| Observation Care Services** | na | Y | | | 99217 | Observation Care Discharge | N | | N | | | | |
| | | | | | 99218 | Initial Observation Care, Detailed, Low Complexity | | | | | | | |
| | | | 99219 | Initial Observation Care, Comprehensive, Moderate Complexity | | | | | | | | | |
| | | | 99220 | Initial Observation Care, Comprehensive, High Complexity | | | | | | | | | |
| Inpatient Hospital or Nursing Home Psychotherapy** | na | Y | 90816 | Ind. Therapy 20-30 Minutes | N | N | | | | | | | |
| | | | 90817 | Ind. Therapy 20-30 Minutes with Med Eval & Mgmt | | | | | | | | | |
| | | | 90818 | Ind. Therapy 45-50 Minutes | | | | | | | | | |
| | | | 90819 | Ind. Therapy 45-50 Minutes with Med Eval & Mgmt | | | | | | | | | |
| | | | 90821 | Ind. Therapy 75-80 Minutes | | | | | | | | | |
| | | | 90822 | Ind. Therapy 75-80 Minutes with Med Eval & Mgmt | | | | | | | | | |
| | | | 90823 | Ind. Therapy 20-30 Minutes | | | | | | | | | |
| | | | 90824 | Ind. Therapy 20-30 Minutes with Med Eval & Mgmt | | | | | | | | | |
| | | | 90826 | Ind. Therapy 45-50 Minutes | | | | | | | | | |
| | | | 90827 | Ind. Therapy 45-50 Minutes with Med Eval & Mgmt | | | | | | | | | |
| | | | 90828 | Ind. Therapy 75-80 Minutes | | | | | | | | | |
| | | | 90829 | Ind. Therapy 75-80 Minutes with Med Eval & Mgmt | | | | | | | | | |
| | | | EMERGENCY DEPARTMENT PROFESSIONAL SERVICES (PHYSICIAN AND APRN ONLY) | | | | | | | | | | |
| Emergency Department Services*** | na | Y | 99281 | Emergency Department Visit, Focused | N | na | | | | | | | |
| | | | 99282 | Emergency Department Visit, Focused | | | | | | | | | |
| | | | 99283 | Emergency Department Visit, Complex | | | | | | | | | |
| | | | 99284 | Emergency Department Visit, Detailed | | | | | | | | | |
| | | | 99285 | Emergency Department Visit, Complex | | | | | | | | | |
| | | | OUTPATIENT SERVICES (within scope of practice) | | | | | | | | | | |
| Outpatient- Independent Practice | COTP1 | Y | 90801 | Initial Psychiatric Interview Examination | R (26/12) | R/A | 9/1/2006 | | | | | | |
| | | | 90802 | Interactive Psych Diagnostic Interview/Exam | | | | | | | | | |
| | | | 90804 | Individual Therapy - 20-30 Minutes | | | | | | | | | |
| | | | 90805 | Ind. Therapy - 20-30 Minutes with Medical Evaluation & Management | | | | | | | | | |
| | | | 90806 | Ind. Therapy - 45-50 Minutes | | | | | | | | | |
| | | | 90807 | Ind. Therapy - 45-50 Minutes with Med. Evaluation & Management | | | | | | | | | |
| | | | 90808 | Ind. Therapy - 75-80 Minutes | | | | | | | | | |
| | | | 90809 | Ind. Therapy - 75-80 Minutes with Med. Evaluation & Management | | | | | | | | | |
| | | | 90810 | Ind. Therapy, Interactive 20-30 Minutes | | | | | | | | | |
| | | | 90811 | Ind. Therapy, Interactive 20-30 Minutes with Med Eval & Mgmt. | | | | | | | | | |
| | | | 90812 | Ind. Therapy, Interactive 45-50 Minutes | | | | | | | | | |
| | | | 90813 | Ind. Therapy, Interactive 45-50 Minutes with Med Eval & Mgmt | | | | | | | | | |
| | | | 90814 | Ind. Therapy, Interactive 75-80 Minutes | | | | | | | | | |
| | | | 90815 | Ind. Therapy, Interactive 75-80 Minutes with Med Eval & Mgmt | | | | | | | | | |
| | | | 90846 | Family Psychotherapy (without patient present) | | | | | | | | | |
| | | | 90847 | Family Psychotherapy (with patient present) | | | | | | | | | |
| | | | 90849 | Multi-family group, psychotherapy | | | | | | | | | |
| | | | 90853 | Group Psychotherapy | | | | | | | | | |
| | | | 90857 | Interactive Group Psychotherapy | | | | | | | | | |
| | | | 90862 | Pharmacological Management, including prescription, use, and review of medication with no more than minimal medical psychotherapy | | | | | | | | | |
| | | | 90865 | Narcosisynthesis for psychiatric diagnostic and therapeutic purposes | | | | | | | | | |
| | | | 90875 | Individual psychophysiological therapy incorporating biofeedback; approximately 20-30 minutes | | | | | | | | | |
| | | | 90876 | Individual psychophysiological therapy incorporating biofeedback; approximately 45-50 minutes | | | | | | | | | |
| | | | 90880 | Hypnotherapy | | | | | | | | | |
| | | | 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 | Evaluation and management procedures, new or established patient | | | | | | | | | |
| | | | 99241, 99242, 99243, 99244, 99245 | Evaluation and management procedures, office or other outpatient consult | | | | | | | | | |
| | | | M0064 | Brief office visit to monitor drug prescriptions | | | | | | | | | |
| | | | Injections - Independent Practice | na | | | | Y | J1630,J1631,J2680 | Therapeutic of Diagnostic injection; subcutaneous or intramuscular | N | na | |

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|--|-------------------|---------------------|-------------------------|---|-------------|----------|-------------------|
| MEDICAL PSYCHIATRIC THERAPY (Physician only) | | | | | | | |
| ECT - physician component | na | Y | 90870 | Physician component of ECT | N | na | |
| PSYCHOLOGICAL TESTING (Psychologist only) | | | | | | | |
| Psych Testing- Independent Practitioner | CTST1 | Y | 96101, 96118 | Psychological Testing, 1 Hour | A | na | 9/1/2006 |
| | | | 90801 | Initial Psychiatric Interview Examination | | | |
| | | | 90887 | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (includes attendance at PPT or other school meeting) | | | |
| DEVELOPMENTAL TESTING | | | | | | | |
| Developmental Testing- Independent Practitioner | na | Y | 96110 | Developmental Testing: limited with interpretation and report | N | na | |
| | | | 96111 | Developmental Testing: extended with interpretation and report | | | |
| INDIRECT SERVICES | | | | | | | |
| Consultation - Independent Practitioner | CMCT1 | Y | 90887 | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (includes attendance at PPT or other school meeting) | A>2 | A | TBD |
| Case management- Independent Practice* | CCMS1 | Y | T1016 | Case management, per 15 minutes, coordination of health care services | A>12 | A | 7/1/2007 |
| EPSDT | | | | | | | |
| EPSDT- BH - Independent Practice | CEPS1 | Y | Determined case by case | Special services - These are all single case agreements. | A | A | 1/1/2006 |
| BEHAVIORAL CONSULTATION | | | | | | | |
| Behavioral Consultation - Independent Practice - Start date TBD | CBHC1 | Y | 90882 | Environmental intervention for medical management purposes (behavioral consultation) | A | A | TBD |
| <p>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 R/A = In the first year, providers can re-register for an additional 19 units without extending 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.</p> <p>Note - * For clients under 21 only Note - **Professional services to CT BHP clients for psychiatric or detoxification admissions are included in the per diem rate paid to the facility and should not be billed separately to the CT BHP. Behavioral health professional services rendered to HUSKY clients during authorized medical admissions can be billed to the CT BHP. Note - ***Behavioral health professional services provided in an Emergency Department are covered by CT BHP only when the hospital doesn't have a psychiatrist on staff</p> | | | | | | | |