

**Connecticut Behavioral Health Partnership
Authorization Schedule
Freestanding Mental Health/Substance Abuse Clinics**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd ?	Re-Auth?	Auth/Reg Eff Date
INTERMEDIATE PROGRAMS							
Partial Hospitalization - Clinic	CPHPC	Y	H0035, H2013, 90801	Partial Hospitalization, 1 Day	A	A	5/1/2006
Intensive Outpatient - Clinic	CIOPC	Y	H0015, S9480, 90801	Intensive Outpatient - MH/SA	A	A	5/1/2006
Extended Day Treatment - Clinic	CEDTC	Y	H2012, 90801	Extended Day Treatment	A	A	6/1/2006
HOME BASED SERVICES *							
Home Based Services (ICAPS) - Clinic	CHBSC	Y	H2019, T1017, 90801, 90862	Home Based Psychiatric Services (limited to ICAPS)	A	A	9/1/2006
Home Based Services (MST) - Clinic	CMSTC	Y	H2019, T1017, 90801, 90862	Multi-systemic therapy	A	A	9/1/2006
Home Based Services (MDFT) - Clinic	CMDFC	Y	H2019, T1017, 90801, 90862	Multi-dimensional family therapy	A	A	9/1/2006
Home Based Services (FFT) - Clinic	CFFTC	Y	H2019, T1017, 90801, 90862	Functional family therapy	A	A	9/1/2006
Family Support Teams (FST) - Clinic	CFSTC	Y	H2019, T1017, 90801, 90862	ACT for children and families	R(856/6)	R(440/6)	9/1/2006
Home Based Services (Other) - Clinic	CHVSC	Y	H2019, 90801, 90862	Home Based Services	A	A	9/1/2006
OUTPATIENT SERVICES							
Outpatient - Clinic	COTPC	Y	90801 90802 90804 90805 90806 90807 90808 90809 90810 90811 90812 90813 90814 90815 90846 90847 90849 90853 90857 90862 M0064	Initial Psychiatric Interview Examination Interactive Psych Diagnostic Interview/Exam Individual Therapy - 20-30 Minutes Ind. Therapy - 20-30 Minutes with Medical Evaluation & Management Ind. Therapy - 45-50 Minutes Ind. Therapy - 45-50 Minutes with Med. Evaluation & Management Ind. Therapy - 75-80 Minutes Ind. Therapy - 75-80 Minutes with Med. Evaluation & Management Ind. Therapy, Interactive 20-30 Minutes Ind. Therapy, Interactive 20-30 Minutes with Med Eval & Mgmt. Ind. Therapy, Interactive 45-50 Minutes Ind. Therapy, Interactive 45-50 Minutes with Med Eval & Mgmt Ind. Therapy, Interactive 75-80 Minutes Ind. Therapy, Interactive 75-80 Minutes with Med Eval & Mgmt Family Psychotherapy (without patient present) Family Psychotherapy (with patient present) Multi-family group psychotherapy Group Psychotherapy Interactive Group Psychotherapy Pharmacological Management, including prescription, use, and review of medication with no more than minimal medical psychotherapy Brief office visit to monitor drug prescriptions	R (26/12)	R/A	9/1/2006
Injections - Clinic	na	Y	J1630, J1631, J2680	Therapeutic of Diagnostic injection; subcutaneous or intramuscular	N	N	
PSYCHOLOGICAL TESTING							
Psych Testing - Clinic	CTSTC	Y	96101, 96118 90887	Psychological Testing, 1 Hour Initial Psychiatric Interview Examination 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	n/a	9/1/2006
DEVELOPMENTAL TESTING							
Developmental Testing - Clinic		Y	96110 96111	Developmental Testing; limited with interpretation and report Developmental Testing; extended with interpretation and report	N	N	
INDIRECT SERVICES							
Consultation - Clinic	CMCTC	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 - Clinic*	CCMSC	Y	T1016	Case management, per 15 minutes, coordination of health care services	A>12	A	7/1/2007
Care Coordination	CCORC	N	NA	DCF Care Coordination	R (na/6)	A	TBD
EMERGENCY MOBILE PSYCHIATRIC *							
Mobile Crisis Services - Clinic	na	Y	S9485 S9484	Mobile Crisis Unit Response - per diem, initial evaluation Mobile Crisis Unit Response - duration 1 hour, follow-up	N	N	
EPSDT							
EPSDT - BH - Clinic	CEPSC	Y	Determined case by case	Special services - These are all single case agreements.	A	A	1/1/2006
THERAPEUTIC MENTORING *							
Therapeutic Mentoring - Clinic - Start date TBD	CBMSC	Y	H2032	Activity Therapy per 15 minutes	A	A	TBD
BEHAVIORAL CONSULTATION *							
Behavioral Consultation - Clinic - Start date TBD	CBHCC	Y	90882	Environmental intervention for medical management purposes (behavioral consultation)	A	A	TBD
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 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