

**Connecticut Behavioral Health Partnership
 Authorization Schedule
 Psychiatric Residential Treatment Facility (PRTF)**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd?	Re-Auth?	Auth/Reg Eff Date
RESIDENTIAL SERVICES							
Psychiatric Residential Treatment Facility *	CPRT6	Y	T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	A	A	4/1/2006

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.

Note - * For clients under 21 only