

**Connecticut Behavioral Health Partnership
Authorization Schedule
School Based Health Centers (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)	R/A	9/1/2006
			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			
			90846	Family Psychotherapy (without patient present)			
			90847	Family Psychotherapy (with patient present)			
			90853	Group Psychotherapy			
			90862	Pharmacological Management, including prescription, use, and review of medication with no more than minimal medical 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.
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.