

## **PROPOSED CHANGES TO THE MEDICAID STATE PLAN**

On December 30, 2011, the State Department of Social Services (DSS) published notice of its proposal to submit the following Medicaid State Plan Amendments to the Centers for Medicare & Medicaid Services:

12-011	Clinics - Medical/Mental Health/Substance Abuse/Chemical Maintenance/ Rehabilitation - Reimbursement Methodology
12-012	Child Rehabilitation - Reimbursement Methodology and Coverage

**The Department has extended the time frame for the submission of comments to March 30<sup>th</sup> 2012.**

Written, phone, and e-mail requests should be directed to Christopher LaVigne, Office of Certificate of Need and Rate Setting, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033.

(Phone: 860-424-5719, Fax: 860-424-4812, E-mail: [con-ratesetting.dss@ct.gov](mailto:con-ratesetting.dss@ct.gov)).

Please reference the appropriate SPA heading listed above (e.g., “Child Rehabilitation Reimbursement Methodology and Coverage”).

**Please note that draft fees contained in the State Plan Amendment Pages may be subject to change.**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT****State Connecticut**

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- (d) Medical Clinics: The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).
- (e) Behavioral Health Clinics: The current fee schedule was set as of January 1, 2012 and is effective for services on or after that date. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.
- Effective January 1, 2012 the Department has established a separate fee schedule for behavioral health clinics other than Federally Qualified Health Centers that meet special access and quality standards and such fees are higher than the fees available to behavioral health clinics that do not meet such special standards. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.
- All fees are published at [www.ctdssmap.com](http://www.ctdssmap.com).
- (f) Rehabilitation Clinics: Effective September 1, 2008, reimbursement for physical therapy and occupational therapy provided by rehabilitation clinics will change from a per visit fee to CPT modality specific fee based reimbursement. The current fee schedule was set as of September 1, 2012 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

(g) Chemical Maintenance Clinics: Effective January 1, 2012, the per diem provider specific rates for chemical maintenance clinics are as follows:

CHEMICAL MAINTENANCE PROVIDERS	CLINIC LOCATION	RATE
APT FOUNDATION INC	LEGION CLINIC NEW HAVEN	\$100.04
APT FOUNDATION INC	ELLA GRASSO BLVD NEW HAVEN	\$99.63
CHEMICAL ABUSE SERVICES AGENCY	426 EAST STREET NEW HAVEN	\$86.18
COMMUNITY PREVENTION AND ADDICTION SVCS	391 POMFRET STREET PUTNAM	\$97.13
COMMUNITY SUBSTANCE ABUSE CENTERS INC	55 FISHFRY STREET HARTFORD	\$96.27
CONNECTICUT COUNSELING CENTERS INC	20 NORTH MAIN STREET NORWALK	\$95.17
CONNECTICUT COUNSELING CENTERS INC	4 MIDLAND ROAD WATERBURY	\$89.43
CONNECTICUT COUNSELING CENTERS INC	60 BEAVER BROOK ROAD DANBURY	\$96.06
HARTFORD DISP ENSARY	335 BROAD STREET MANCHESTER	\$84.98
HARTFORD DISPENSARY	NEW LONDON CLINIC NEW LONDON	\$84.86
HARTFORD DISPENSARY	1098 FARMINGTON AVE BRISTOL	\$84.29
LIBERATION PROGRAMS INC	399 MILL HILL ROAD BRIDGEPORT	\$87.05
LMG PROGRAM INC	MAIN STREET CLINIC STAMFORD	\$83.89
NEW ERA REHABILITATION CENTER	311 EAST STREET NEW HAVEN	\$85.91
NEW ERA REHABILITATION CENTER INC	3851 MAIN STREET BRIDGEPORT	\$87.90
REGIONAL NETWORK OF PROGRAMS	KINSELLA TREATMENT BRIDGEPORT	\$95.71
REGIONAL NETWORK OF PROGRAMS INC	2 RESEARCH DRIVE STRATFORD	\$96.20
THE APT FOUNDATION INC	ACCESS CENTER NEW HAVEN	\$98.78
THE HARTFORD DISPENSARY	345 MAIN STREET HARTFORD	\$66.43
THE HARTFORD DISPENSARY	BOSTON POST ROAD WILLIMANTIC	\$77.01
THE HARTFORD DISPENSARY	NORWICH CLINIC NORWICH	\$71.79
THE HARTFORD DISPENSARY	70 WHITING STREET NEW BRITAIN	\$88.21

TN # 12-011  
Supersedes  
TN # 09-019

Approval Date \_\_\_\_\_

Effective Date 01-01-2012

**BHP Covered Services and Proposed Fee Table**  
**Effective January 1, 2012**  
**Revised 2/10/12**

Coverage	1= HUSKY Medical ASO – All diagnoses
Responsibility	2= BHP - All diagnoses
Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered
Note: PSR = Provider Specific Rate	

Code	General Hospital Inpatient	Coverage	Medicaid Fee
101	CARES	3	PSR
110	Room & Board- Private	3	PSR
111	Room & Board- Private -Med/Surg/Gyn	3	PSR
112	Room & Board- Private -OB	3	PSR
113	Room & Board- Private -Pediatric	3	PSR
114	Room & Board – Private - Psychiatric	2	PSR
115	Room & Board- Private -Hospice	3	PSR
116	Room & Board – Private - Detox	2	PSR
117	Room & Board- Private -Oncology	3	PSR
118	Room & Board- Private -Rehab	3	PSR
119	Room & Board- Private -Other	3	PSR
120	Room & Board-Semi-Private/2 Bed	3	PSR
121	Room & Board-Semi-Private/ 2 Bed- Med/Surg/Gyn	3	PSR
122	Room & Board-Semi-Private/ 2 Bed -OB	3	PSR
123	Room & Board-Semi-Private/ 2 Bed-Pediatric	3	PSR
124	Room & Board – Semi-Private/2 Bed - Psychiatric	2	PSR
125	Room & Board-Semi-Private/ 2 Bed-Hospice	3	PSR
126	Room & Board - Semi-Private/2 Bed - Detox	2	PSR
127	Room & Board-Semi-Private/ 2 Bed-Oncology	3	PSR
128	Room & Board-Semi-Private/ 2 Bed-Rehab	3	PSR
129	Room & Board-Semi-Private/ 2 Bed-Other	3	PSR
130	Room & Board-Semi-Private/3-4 Bed	3	PSR
131	Room & Board-Semi-Private/3-4 Bed- Med/Surg/Gyn	3	PSR
132	Room & Board-Semi-Private/3-4 Bed-OB	3	PSR
133	Room & Board-Semi-Private/3-4 Bed-Pediatric	3	PSR
134	Room & Board - Semi-Private/3-4 Bed - Psychiatric	2	PSR
135	Room & Board-Semi-Private/3-4 Bed-Hospice	3	PSR
136	Room & Board - Semi-Private/3-4 Bed - Detox	2	PSR
137	Room & Board-Semi-Private/3-4 Bed-Oncology	3	PSR
138	Room & Board-Semi-Private/3-4 Bed-Rehab	3	PSR
139	Room & Board-Semi-Private/3-4 Bed-Other	3	PSR
140	Room & Board-Private-Deluxe	3	PSR
141	Room & Board-Private-Deluxe- Med/Surg/Gyn	3	PSR
142	Room & Board-Private - Deluxe-OB	3	PSR
143	Room & Board-Private - Deluxe-Pediatric	3	PSR
144	Room & Board - Private - Deluxe - Psychiatric	2	PSR
145	Room & Board-Private - Deluxe-Hospice	3	PSR
146	Room & Board – Private – Deluxe – Detox	2	PSR
147	Room & Board-Private - Deluxe-Oncology	3	PSR
148	Room & Board-Private - Deluxe-Rehab	3	PSR
149	Room & Board-Private - Deluxe-Other	3	PSR
150	Room & Board – Ward	3	PSR
151	Room & Board – Ward - Med/Surg/ Gyn	3	PSR
152	Room & Board – Ward – OB	3	PSR
153	Room & Board – Ward – Pediatric	3	PSR
154	Room & Board - Ward - Psychiatric	2	PSR
155	Room & Board – Ward – Hospice	3	PSR
156	Room & Board - Ward - Detox	2	PSR
157	Room & Board – Ward – Oncology	3	PSR
158	Room & Board – Ward – Rehab	3	PSR
159	Room & Board – Ward - Other	3	PSR
160	Other Room & Board	3	PSR
164	Other Room & Board – Sterile Environment	3	PSR
167	Other Room & Board – Self Care	3	PSR
169	Other Room & Board - Other	3	PSR
170	Room & Board- Nursery	3	PSR
171	Room & Board- Nursery – Newborn	3	PSR
172	Room & Board- Nursery – Premature	3	PSR

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175	Room & Board- Nursery – Neonatal ICU	3	PSR
179	Room & Board- Nursery - Other	3	PSR
190	Subacute Care	3	PSR
200	Intensive Care	3	PSR
201	Intensive Care – Surgical	3	PSR
202	Intensive Care – Medical	3	PSR
203	Intensive Care – Pediatric	3	PSR
204	Intensive Care – Psychiatric	2	PSR
205	Intensive Care – Post ICU	3	PSR
206	Intensive Care - Intermediate ICU	2	PSR
207	Intensive Care – Burn Treatment	3	PSR
208	Intensive Care – Trauma	3	PSR
209	Intensive Care – Other	3	PSR
210	Coronary Care	3	PSR
211	Coronary Care – Myocardial Infarction	3	PSR
212	Coronary Care – Pulmonary	3	PSR
213	Coronary Care – Heart Transplant	3	PSR
214	Coronary Care – Post CCU	3	PSR
219	Coronary Care – Other	3	PSR
224	Late discharge/Medically necessary	4	N/A
	Note: Medical ASO covers alcohol detoxification on a medical floor.		
<b>Code</b>	<b>General Hospital Emergency Department</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
450	Emergency Room General Classification	1	N/A
451	EMTALA Emergency Medical Screening Services	1	N/A
452	Emergency Room Beyond EMTALA Screening	1	N/A
456	Urgent Care	1	N/A
459	Other Emergency Room	1	N/A
981	Professional Fee – Emergency Department	1	N/A
<b>Code</b>	<b>General Hospital Outpatient</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
490	Ambulatory Surgery	1	N/A
562	Child First - Medical Social Services - Hour	2	PSR
569	Child First - Medical Social Services - Other	2	PSR
761	CARES	3	PSR
762	Observation room	3	PSR
900	Psychiatric Services General (Evaluation)	2	\$ 124.87
901	Electroconvulsive Therapy	2	\$ 105.46
905	Intensive Outpatient Services – Psychiatric	2	\$ 142.94
906	Intensive Outpatient Services – Chemical Dependency	2	\$ 142.94
907	Community Behavioral Health Program (Day Treatment)	2*	\$ 82.02
913	Partial Hospital	2	\$ 222.82
914	Individual Therapy	2	\$ 71.19
915	Group Therapy	2	\$ 34.49
916	Family Therapy	2	\$ 84.12
918	Psychiatric Service – Testing per hour	3	\$ 64.60
919	Other - Med Admin	2	\$ 47.21
961	Professional Fees-Psychiatric	4	N/A
All others		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
	*Coverage restricted to providers approved, certified and/or licensed by DCF to provide this service		
<b>Code</b>	<b>General Hospital Outpatient - Enhanced Care Clinic (ECC)</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
490	Ambulatory Surgery	1	N/A
562	Child First - Medical Social Services - Hour	2	PSR
569	Child First - Medical Social Services - Other	2	PSR

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	Note: PSR = Provider Specific Rate		
761	CARES	3	PSR
762	Observation room	3	PSR
900	Psychiatric Services General (Evaluation)	2	\$ 142.41
901	Electroconvulsive Therapy	2	\$ 105.46
905	Intensive Outpatient Services – Psychiatric	2	\$ 142.94
906	Intensive Outpatient Services – Chemical Dependency	2	\$ 142.94
907	Community Behavioral Health Program (Day Treatment)	2*	\$ 82.02
913	Partial Hospital	2	\$ 222.82
914	Individual Therapy	2	\$ 82.85
915	Group Therapy	2	\$ 34.49
916	Family Therapy	2	\$ 99.15
918	Psychiatric Service – Testing per hour	3	\$ 64.60
919	Other - Med Admin	2	\$ 53.29
961	Professional Fees-Psychiatric	4	N/A
All others		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees

\*Coverage restricted to providers approved, certified and/or licensed by DCF to provide this service

Code	Psychiatric Hospital Inpatient (includes state operated hospitals)	Coverage	Medicaid Fee
100	All inclusive room and board plus ancillary	2	PSR
124	Room and Board-Psychiatric	2	PSR
126	Room & Board - Semi-Private/2 Bed - Detox	2	PSR
128	Room & Board-Semi-Private/ 2 Bed-Rehab	4	N/A
190	Subacute Care	2	PSR
224	Late discharge/Medically necessary	4	N/A

Code	Psychiatric Hospital Outpatient (includes state operated hospitals)	Coverage	Medicaid Fee
490	Ambulatory Surgery	1	N/A
762	Observation room	3	PSR
900	Psychiatric Services General (Evaluation)	2	\$ 142.41
901	Electroconvulsive Therapy	2	\$ 105.46
905	Intensive Outpatient Services - Psychiatric	2	\$ 180.00
906	Intensive Outpatient Services - Chemical Dependency	2	\$ 180.00
907	Community Behavioral Health Program (Day Treatment)	2*	\$ 82.02
913	Partial Hospital-More Intensive	2	\$ 240.00
914	Psychiatric Service-Individual Therapy	2	\$ 82.85
915	Psychiatric Service-Group Therapy	2	\$ 34.49
916	Psychiatric Service-Family Therapy	2	\$ 99.15
918	Psychiatric Service-Testing per hour	2	\$ 64.60
919	Other - Med Admin	2	\$ 53.29
961	Professional Fees-Psychiatric	4	N/A
All others		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees

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Code	Alcohol and Drug Abuse Center (Non-hospital Inpatient Detox)	Coverage	Medicaid Fee
H0011	Acute Detoxification (residential program inpatient)	2	PSR
H2036	Residential Rehab	2**	PSR

\*\*Coverage restricted to providers approved by DSS to provide this service

Code	Alcohol and Drug Abuse Center (Ambulatory Detoxification)	Coverage	Medicaid Fee
H0014	Ambulatory Detoxification	2	\$ 27.94

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<b>Code</b>	<b>PRTF</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
T2048	Psychiatric health facility service, per diem	2	PSR
<b>Code</b>	<b>DCF Residential</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
N/A	DCF Funded residential facility	2	PSR
2075Y	PNMI - Therapeutic Group Homes	2	PSR
<b>Code</b>	<b>Mental Health Group Home</b>	<b>Coverage</b>	<b>Interim Medicaid Fee</b>
2074Y	Mental health rehabilitation services for adults in PNMI's	2****	\$3,230.98
	****Coverage restricted to providers certified by DMHAS to provide this service		
<b>Code</b>	<b>Long Term Care Facility</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
100	Per diem rate	1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
183	Home reserve	1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
185	Inpatient hospital reserve	1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
189	Non-covered reserve	4	N/A
	Note: Includes inpatient at special care hospitals.		
<b>Code</b>	<b>Behavioral Health Clinic - child fees listed, adult fees pay at 95% of child fees</b>	<b>Coverage</b>	<b>Medicaid Child Fee</b>
90801	Psychiatric Diagnostic Interview	2	\$ 107.46
90802	Interactive Psychiatric Diagnostic Interview	2	\$ 113.47
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	\$ 45.40
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 49.97
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 66.25
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 72.43
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 99.05
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 102.61
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 51.01
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 54.41
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 83.62
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 75.65
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 103.01
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 107.64
90846	Family Psychotherapy (without the patient present)	2	\$ 64.39
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	\$ 79.57
90849	Multi-group family psychotherapy	2	\$ 31.10
90853	Group psychotherapy	2	\$ 24.70
90857	Interactive group psychotherapy	2	\$ 33.93

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	4= Not covered		
	Note: PSR = Provider Specific Rate		
90862	Pharmacologic management	2	\$ 39.87
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 53.54
96101	Psychological testing, per hour	2	\$ 71.77
96110	Developmental testing and report, limited	2	\$ 12.07
96111	Developmental testing and report, extended	2	\$ 133.13
96118	Neuropsychological testing battery, per hour	2	\$ 116.94
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	\$10.52
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	\$20.66
H0015	Intensive Outpatient Program -Substance Dependence	2**	\$ 138.46
H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)	2**	\$ 233.83
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
H2012	Extended Day Treatment	2*	\$ 82.02
H2013	Adult Day Treatment (non-CMHC)	2**	\$ 176.39
H2019	Therapeutic Behavioral Services, per 15 minutes (MST, MDFT, FFT) (Clients under 21 only)****	2*	\$ 18.81
H2019	Therapeutic Behavioral Services, per 15 minutes (IICAPS) (Clients under 21 only)	2*	\$ 30.82
J0515	Injection, Benzotropine Mesylate, per 1mg	2	\$ 17.08
J0735	Injection, Clonidine Hydrochlorine (HCL), 1mg/Injection	2	\$ 65.84
J0780	Injection, Prochlorperazine, up to 10 mg	2	\$ 2.04
J1200	Injection, Diphenhydramine HCL, up to 50 mg	2	\$ 0.80
J1320	Injection, Amitriptyline HCL, up to 20 mg	2	\$ 1.38
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 2.12
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 5.25
J1990	Injection, Chlordiazepoxide HCL, up to 100 mg	2	\$ 21.05
J2060	Injection, Lorazepam, 2 mg	2	\$ 1.22
J2358	Injection, Olanzapine, long-acting, 1 mg	2	\$ 2.75
J2426	Injection, Paliperidone palmitate extended release, 1 mg	2	\$ 6.50
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.49
J2794	Injection, Risperidone, long acting, 0.5 mg	2	\$ 4.80
J3230	Injection, Chlorpromazine HCL, up to 50 mg	2	\$ 3.95
J3310	Injection, Perphenazine, up to 5 mg	2	\$ 3.94
J3410	Injection, Hydroxyzine HCL, up to 25 mg	2	\$ 0.21
J3411	Injection, Thiamine HCL, 100 mg	2	\$ 2.01
J3486	Injection, Ziprasidone Mesylate, 10 mg	2	\$ 5.09
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	\$ 22.26
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
S9480	Intensive Outpatient Program -Mental Health	2**	\$ 141.14
S9484	Emergency mobile mental health service, follow-up by a clinician (Clients under 21 only)	2*	\$ 85.00
S9484 -HM	Emergency mobile mental health service, follow-up by a paraprofessional-less than a Bachelors (Clients under 21 only)	2*	\$ 70.00
S9484-HN	Emergency mobile mental health service, follow-up by a paraprofessional- Bachelors (Clients under 21 only)	2*	\$ 70.00
S9484-HT	Emergency mobile mental health service, follow-up by a team (Clients under 21 only)	2*	\$ 125.00
S9485	Emergency mobile mental health service, initial evaluation by a clinician (Clients under 21 only)	2*	\$ 175.00
S9485- HT	Emergency mobile mental health service, initial evaluation by a team (Clients under 21 only)	2*	\$ 255.00
T1016	Case Management - Services furnished to assist individuals in gaining access to needed medical, social, educational and other services - each 15 min. - (Clients under 19 only)	2	\$ 15.00

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T1017	Case management - home/community, each 15 minutes (part of home-based services only - MST, MDFT, FFT, ) (Clients under 21 only)****	2*	\$ 18.81
T1017	Case management - home/community, each 15 minutes ( part of home-based services only - IICAPS) (Clients under 21 only)	2*	\$ 30.82
	*Coverage restricted to providers approved, certified and/or licensed by DCF to provide this service **Coverage restricted to providers approved by DSS to provide this service ***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members **** Multisystemic Therapy including Families in Transition and Problem Sexual Behavior sub-types, Multi-Dimensional Family Therapy, Functional Family Therapy		
<b>Code</b>	<b>Behavioral Health Clinic- Enhanced Care Clinic (ECC): child fee listed, adult fee pays at 95% of child fee</b>	<b>Coverage</b>	<b>Medicaid Child Fee</b>
90801	Psychiatric Diagnostic Interview	2	\$ 140.36
90802	Interactive Psychiatric Diagnostic Interview	2	\$ 142.18
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	\$ 57.03
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 64.52
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 82.95
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 93.76
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 121.48
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 128.21
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 63.81
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 69.30
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 103.38
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 96.22
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 128.51
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 134.20
90846	Family Psychotherapy (without the patient present)	2	\$ 80.42
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	\$ 99.08
90849	Multi-group family psychotherapy	2	\$ 36.12
90853	Group psychotherapy	2	\$ 30.40
90857	Interactive group psychotherapy	2	\$ 38.02
90862	Pharmacologic management	2	\$ 53.32
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 75.99
96101	Psychological testing, per hour	2	\$ 72.04
96110	Developmental testing and report, limited	2	\$ 12.07
96111	Developmental testing and report, extended	2	\$ 133.12
96118	Neuropsychological testing battery, per hour	2	\$ 116.94
99241	Office consult, new/established patient, approx 15 min	2	\$ 51.20
99242	Office consult, new/established patient, approx 30 min	2	\$ 93.64
99243	Office consult, new/established patient, approx 40 min	2	\$ 128.06
99244	Office consult, new/established patient, approx 60 min	2	\$ 187.68
99245	Office consult, new/established patient, approx 80 min	2	\$ 231.88
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	\$10.52
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	\$20.66
H0015	Intensive Outpatient Program -Substance Dependence	2**	\$ 138.46
H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)	2**	\$ 233.83
H0037	Community psychiatric supportive treatment program, per diem		N/A
H2012	Extended Day Treatment	2*	\$ 82.02
H2013	Adult Day Treatment (non-CMHC)	2**	\$ 176.39
H2019	Therapeutic Behavioral Services, per 15 minutes (MST, MDFT, FFT) (Clients under 21 only)****	2*	\$ 18.81

**BHP Covered Services and Proposed Fee Table**  
**Effective January 1, 2012**  
**Revised 2/10/12**

Coverage	1= HUSKY Medical ASO – All diagnoses		
Responsibility	2= BHP - All diagnoses		
Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered		
	Note: PSR = Provider Specific Rate		
H2019	Therapeutic Behavioral Services, per 15 minutes (IICAPS) (Clients under 21 only)	2*	\$ 30.82
J0515	Injection, Benzotropine Mesylate, per 1mg	2	\$ 17.08
J0735	Injection, Clonidine Hydrochlorine (HCL), 1mg/Injection	2	\$ 65.84
J0780	Injection, Prochlorperazine, up to 10 mg	2	\$ 2.04
J1200	Injection, Diphenhydramine HCL, up to 50 mg	2	\$ 0.80
J1320	Injection, Amitriptyline HCL, up to 20 mg	2	\$ 1.38
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 2.12
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 5.25
J1990	Injection, Chlordiazepoxide HCL, up to 100 mg	2	\$ 21.05
J2060	Injection, Lorazepam, 2 mg	2	\$ 1.22
J2358	Injection, Olanzapine, long-acting, 1 mg	2	\$ 2.75
J2426	Injection, Paliperidone palmitate extended release, 1 mg	2	\$ 6.50
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.49
J2794	Injection, Risperidone, long acting, 0.5 mg	2	\$ 4.80
J3230	Injection, Chlorpromazine HCL, up to 50 mg	2	\$ 3.95
J3310	Injection, Perphenazine, up to 5 mg	2	\$ 3.94
J3410	Injection, Hydroxyzine HCL, up to 25 mg	2	\$ 0.21
J3411	Injection, Thiamine HCL, 100 mg	2	\$ 2.01
J3486	Injection, Ziprasidone Mesylate, 10 mg	2	\$ 5.09
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	\$ 29.68
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
S9480	Intensive Outpatient Program -Mental Health	2**	\$ 141.14
S9484	Emergency mobile mental health service, follow-up by a clinician (Clients under 21 only)	2*	\$ 85.00
S9484 -HM	Emergency mobile mental health service, follow-up by a paraprofessional-less than a Bachelors (Clients under 21 only)	2*	\$ 70.00
S9484-HN	Emergency mobile mental health service, follow-up by a paraprofessional- Bachelors (Clients under 21 only)	2*	\$ 70.00
S9484-HT	Emergency mobile mental health service, follow-up by a team (Clients under 21 only)	2*	\$ 125.00

**BHP Covered Services and Proposed Fee Table**  
**Effective January 1, 2012**  
**Revised 2/10/12**

Coverage	1= HUSKY Medical ASO – All diagnoses		
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Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered		
	Note: PSR = Provider Specific Rate		
S9485	Emergency mobile mental health service, initial evaluation by a clinician (Clients under 21 only)	2*	\$ 175.00
S9485- HT	Emergency mobile mental health service, initial evaluation by a team (Clients under 21 only)	2*	\$ 255.00
T1016	Case Management - Services furnished to assist individuals in gaining access to needed medical, social, educational and other services - each 15 min. - (Clients under 19 only)	2	\$ 15.00
T1017	Case management - home/community, each 15 minutes (part of home-based services only - MST, MDFT, FFT) (Clients under 21 only)****	2*	\$ 18.81
T1017	Case management - home/community, each 15 minutes (part of home-based services only - IICAPS) (Clients under 21 only)	2*	\$ 30.82
<p>*Coverage restricted to providers approved, certified and/or licensed by DCF to provide this service  **Coverage restricted to providers approved by DSS to provide this service  ***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members  **** Multisystemic Therapy including Families in Transition and Problem Sexual Behavior sub-types, Multi-Dimensional Family Therapy, Functional Family Therapy</p>			
<b>Code</b>	<b>FQHC Behavioral Health Clinic</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
90801	Psychiatric Diagnostic Interview	2	Billed with T1015
90802	Interactive Psychiatric Diagnostic Interview	2	Billed with T1015
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	Billed with T1015
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	Billed with T1015
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	Billed with T1015
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	Billed with T1015
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	Billed with T1015
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	Billed with T1015
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	Billed with T1015
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	Billed with T1015
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	Billed with T1015
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	Billed with T1015
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	Billed with T1015
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	Billed with T1015
90846	Family Psychotherapy (without the patient present)	2	Billed with T1015
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	Billed with T1015
90849	Multi-group family psychotherapy	2	Billed with T1015
90853	Group psychotherapy	2	Billed with T1015
90857	Interactive group psychotherapy	2	Billed with T1015

**BHP Covered Services and Proposed Fee Table**  
**Effective January 1, 2012**  
**Revised 2/10/12**

Coverage	1= HUSKY Medical ASO – All diagnoses		
Responsibility	2= BHP - All diagnoses		
Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered		
	Note: PSR = Provider Specific Rate		
90862	Pharmacologic management	2	Billed with T1015
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	Billed with T1015
96101	Psychological testing, per hour	2	Billed with T1015
96110	Developmental testing and report, limited	2	Billed with T1015
96111	Developmental testing and report, extended	2	Billed with T1015
96118	Neuropsychological testing battery, per hour	2	Billed with T1015
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	Billed with T1015
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	Billed with T1015
H0015	Intensive Outpatient-Substance Dependence	2**	Billed with T1015
H0020	Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	2	Billed with T1015
H0037	Community psychiatric supportive treatment program, per diem	4	Billed with T1015
H2012	Extended Day Treatment	2*	Billed with T1015
H2013	Adult Day Treatment (non-CMHC)	2**	Billed with T1015
J0515	Injection, Benzotropine Mesylate, per 1mg	2	Billed with T1015
J0735	Injection, Clonidine Hydrochlorine (HCL), 1mg/Injection	2	Billed with T1015
J0780	Injection, Prochlorperazine, up to 10 mg	2	Billed with T1015
J1200	Injection, Diphenhydramine HCL, up to 50 mg	2	Billed with T1015
J1630	Injection, Haloperidol, up to 5 mg	2	Billed with T1015
J1631	Injection, Haloperidol decanoate, per 50 mg	2	Billed with T1015
J2358	Injection, Olanzapine, long-acting, 1 mg	2	Billed with T1015
J2426	Injection, Paliperidone palmitate extended release, 1 mg	2	Billed with T1015
J1320	Injection, Amitriptyline HCL, up to 20 mg	2	Billed with T1015
J1990	Injection, Chlordiazepoxide HCL, up to 100 mg	2	Billed with T1015
J2060	Injection, Lorazepam, 2 mg	2	Billed with T1015
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	Billed with T1015
J2794	Injection, Risperidone, long acting, 0.5 mg	2	Billed with T1015
J3230	Injection, Chlorpromazine HCL, up to 50 mg	2	Billed with T1015
J3310	Injection, Perphenazine, up to 5 mg	2	Billed with T1015
J3410	Injection, Hydroxyzine HCL, up to 25 mg	2	Billed with T1015
J3411	Injection, Thiamine HCL, 100 mg	2	Billed with T1015
J3486	Injection, Ziprasidone Mesylate, 10 mg	2	Billed with T1015
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	Billed with T1015
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
S9480	Intensive Outpatient-Mental Health	2	Billed with T1015
T1015	Clinic visit/encounter all-inclusive (For use by FQHC MH Clinics)	2	PSR
	*Coverage restricted to providers approved, certified and/or licensed by DCF to provide this service		
	**Coverage restricted to providers approved by DSS to provide this service		
	***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members		
<b>Code</b>	<b>State Institution Mental Health Clinic - child fees listed, adult fees pay at 95% of child fees</b>	<b>Coverage</b>	<b>Medicaid Child Fee</b>
90801	Psychiatric Diagnostic Interview	2	\$ 107.46
90802	Interactive Psychiatric Diagnostic Interview	2	\$ 113.47
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	\$ 45.40
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 49.97
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 66.25
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 72.43
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 99.05
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 102.61
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 51.01

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**Effective January 1, 2012**  
**Revised 2/10/12**

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Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316,		
	4= Not covered		
	Note: PSR = Provider Specific Rate		
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 54.41
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 83.62
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 75.65
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 103.01
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 107.64
90846	Family Psychotherapy (without the patient present)	2	\$ 64.39
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	\$ 79.57
90849	Multi-group family psychotherapy	2	\$ 31.10
90853	Group psychotherapy	2	\$ 24.70
90857	Interactive group psychotherapy	2	\$ 33.93
90862	Pharmacologic management	2	\$ 39.87
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 53.54
96101	Psychological testing, per hour	2	\$ 71.77
96110	Developmental testing and report, limited	2	\$ 12.07
96111	Developmental testing and report, extended	2	\$ 133.13
96118	Neuropsychological testing battery, per hour	2	\$ 116.94
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	\$10.52
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	\$20.66
H0015	Intensive Outpatient-Substance Dependence	2**	\$ 138.46
H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)	2**	\$ 233.83
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
H2012	Extended Day Treatment	2*	\$ 82.02
H2013	Adult Day Treatment (non-CMHC)	2**	\$ 176.39
H2019	Therapeutic Behavioral Services, per 15 minutes (MST, MST-FIT, MST-PSB, MDFT, FFT) (Clients under 21 only)****	2*	\$ 18.81
H2019	Therapeutic Behavioral Services, per 15 minutes (IICAPS) (Clients under 21 only)	2*	\$ 30.82
J0515	Injection, Benzotropine Mesylate, per 1mg	2	\$ 17.08
J0735	Injection, Clonidine Hydrochlorine (HCL), 1mg/Injection	2	\$ 65.84
J0780	Injection, Prochlorperazine, up to 10 mg	2	\$ 2.04
J1200	Injection, Diphenhydramine HCL, up to 50 mg	2	\$ 0.80
J1320	Injection, Amitriptyline HCL, up to 20 mg	2	\$ 2.24
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 2.12
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 5.25
J1990	Injection, Chlordiazepoxide HCL, up to 100 mg	2	\$ 21.05
J2060	Injection, Lorazepam, 2 mg	2	\$ 1.22
J2358	Injection, Olanzapine, long-acting, 1 mg	2	\$ 2.75
J2426	Injection, Paliperidone palmitate extended release, 1 mg	2	\$ 6.50
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.49
J2794	Injection, Risperidone, long acting, 0.5 mg	2	\$ 4.80
J3230	Injection, Chlorpromazine HCL, up to 50 mg	2	\$ 3.95
J3310	Injection, Perphenazine, up to 5 mg	2	\$ 6.38
J3410	Injection, Hydroxyzine HCL, up to 25 mg	2	\$ 0.21
J3411	Injection, Thiamine HCL, 100 mg	2	\$ 2.01
J3486	Injection, Ziprasidone Mesylate, 10 mg	2	\$ 5.09
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	\$ 22.26
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
S9480	Intensive Outpatient Program -Mental Health	2**	\$ 141.14
S9484	Emergency mobile mental health service, follow-up by a clinician (Clients under 21 only)	2*	\$ 85.00

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**Revised 2/10/12**

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Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered		
	Note: PSR = Provider Specific Rate		
S9484 -HM	Emergency mobile mental health service, follow-up by a paraprofessional-less than a Bachelors (Clients under 21 only)	2*	\$ 70.00
S9484-HN	Emergency mobile mental health service, follow-up by a paraprofessional- Bachelors (Clients under 21 only)	2*	\$ 70.00
S9484-HT	Emergency mobile mental health service, follow-up by a team (Clients under 21 only)	2*	\$ 125.00
S9485	Emergency mobile mental health service, initial evaluation by a clinician (Clients under 21 only)	2*	\$ 175.00
S9485- HT	Emergency mobile mental health service, initial evaluation by a team (Clients under 21 only)	2*	\$ 255.00
T1016	Case Management - Services furnished to assist individuals in gaining access to needed medical, social, educational and other services - each 15 min. - (Clients under 19 only)	2	\$ 15.00
T1017	Case management - home/community, each 15 minutes (part of home-based services only - MST, MDFT, FFT) (Clients under 21 only)****	2*	\$ 18.81
T1017	Case management - home/community, each 15 minutes (part of home-based services only - IICAPS) (Clients under 21 only)	2*	\$ 30.82
	*Coverage restricted to providers approved, certified and/or licensed by DCF to provide this service		
	**Coverage restricted to providers approved by DSS to provide this service		
	***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members		
	**** Multisystemic Therapy including Families in Transition and Problem Sexual Behavior sub-types, Multi-Dimensional Family Therapy, Functional Family Therapy		
<b>Code</b>	<b>Rehabilitation Clinic</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
90801	Psychiatric Diagnostic Interview	3	\$ 122.18
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	3	\$ 64.52
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	3	\$ 68.00
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	3	\$ 87.44
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	3	\$ 97.15
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	3	\$ 128.64
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	3	\$ 136.32
90846	Family psychotherapy (without the patient present)	3	\$ 61.44
90847	Family psychotherapy (conjoint)	3	\$ 102.31
90853	Group psychotherapy	3	\$ 33.54
90857	Interactive Group therapy	3	\$ 37.37
96118	Neuropsychological testing battery, per hour	3	\$ 125.01
All others		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
<b>Code</b>	<b>Freestanding Medical Clinic (including non-FQHC School-Based Health Centers)</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
90801	Psychiatric Diagnostic Interview	3	\$ 96.79
90804	Individual psychotherapy (20-30 min)	3	\$ 41.11
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 45.43
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 59.54
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 66.52
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 88.08
90846	Family psychotherapy (without the patient present)	3	\$ 57.96
90847	Family psychotherapy (conjoint psychotherapy w/patient present)	3	\$ 71.38
90853	Group psychotherapy (other than of a multiple-family group)	3	\$ 27.96
90862	Pharmacologic management	2	\$ 40.34
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	\$10.52

**BHP Covered Services and Proposed Fee Table**  
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**Revised 2/10/12**

Coverage	1= HUSKY Medical ASO – All diagnoses		
Responsibility	2= BHP - All diagnoses		
Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered		
	Note: PSR = Provider Specific Rate		
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	\$20.66
All others		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members			
<b>Code</b>	<b>FQHC Medical Clinics (including those operating as School-Based Health Centers)</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
90801	Psychiatric Diagnostic Interview	3	Billed with T1015
90804	Individual psychotherapy (20-30 min)	3	Billed with T1015
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	Billed with T1015
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	Billed with T1015
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	Billed with T1015
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	Billed with T1015
90846	Family psychotherapy (without the patient present)	3	Billed with T1015
90847	Family psychotherapy (conjoint psychotherapy w/patient present)	3	Billed with T1015
90853	Group psychotherapy (other than of a multiple-family group)	3	Billed with T1015
90862	Pharmacologic management	2	Billed with T1015
T1015	Clinic visit/encounter all-inclusive (For use by FQHC Clinics)	2	PSR
All others		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
<b>Code</b>	<b>Chemical Maintenance Clinic</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
H0020	Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	2	PSR
<b>Code</b>	<b>MD, DO and APRN other than Psychiatrist or Psychiatric APRN</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
All Codes		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
<b>Code</b>	<b>Psychiatrist (MD or DO)</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
90801	Diagnostic Interview	2	\$ 147.50
90802	Interactive Diagnostic Interview	2	\$ 157.20
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 61.51
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 61.19
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 90.17
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 85.70
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 135.19
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 130.97
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 67.27
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 76.72
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 98.97
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 106.69

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**Revised 2/10/12**

Coverage	1= HUSKY Medical ASO – All diagnoses		
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Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered		
	Note: PSR = Provider Specific Rate		
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 142.49
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 148.88
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 36.97
90817	90816 with medical evaluation and management	2	\$ 43.84
90818	Individual psychotherapy, insight oriented 45-50 minutes Facility based	2	\$ 55.52
90819	90818 with medical evaluation and management	2	\$ 65.03
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 82.08
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	2	\$ 112.20
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 65.54
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	2	\$ 71.89
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	\$ 97.08
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	2	\$ 100.68
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 140.66
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	2	\$ 144.48
90846	Family Psychotherapy (without the patient present)	2	\$ 88.97
90847	Family Psychotherapy (conjoint)	2	\$ 109.60
90849	Multi-group family psychotherapy	2	\$ 32.26
90853	Group Psychotherapy	2	\$ 34.13
90857	Interactive Group psychotherapy	2	\$ 41.93
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	2	\$ 47.15
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	2	\$ 154.82
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	2	\$ 94.63
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	\$ 77.43
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	\$ 112.04
90880	Hypnotherapy	2	\$ 114.04
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 82.29
96101	Psychological testing, per hour	2	\$ 88.29
96110	Developmental testing with report	2	\$ 18.00
96111	Developmental testing, extended	2	\$ 87.23
96118	Neuropsychological testing battery, per hour	2	\$ 115.44
99201	Office or other outpatient visit, 10 minutes, new patient	2	\$ 25.94
99202	Office or other outpatient visit, 20 minutes, new patient	2	\$ 44.98
99203	Office or other outpatient visit, 30 minutes, new patient	2	\$ 66.40
99204	Office or other outpatient visit, 45 minutes, new patient	2	\$ 100.17
99205	Office or other outpatient visit, 60 minutes, new patient	2	\$ 125.34
99211	Office or other outpatient visit, 5 minutes, established patient	2	\$ 14.94
99212	Office or other outpatient visit, 10 minutes, established patient	2	\$ 26.83
99213	Office or other outpatient visit, 15 minutes, established patient	2	\$ 42.93
99214	Office or other outpatient visit, 25 minutes, established patient	2	\$ 64.99
99215	Office or other outpatient visit, 40 minutes, established patient	2	\$ 87.60
99217	Observation care discharge	2	\$ 41.12
99218	Initial observation care, low severity	2	\$ 38.25
99219	Initial observation care, moderate severity	2	\$ 63.95
99220	Initial observation care, high severity	2	\$ 88.97
99221	Inpatient hospital care, 30 minutes	2	\$ 53.47
99222	Inpatient hospital care, 50 minutes	2	\$ 73.37
99223	Inpatient hospital care, 70 minutes	2	\$ 106.65
99231	Subsequent hospital care, 15 minutes	2	\$ 22.33
99232	Subsequent hospital care, 25 minutes	2	\$ 39.25
99233	Subsequent hospital care, 35 minutes	2	\$ 55.76
99234	Observation of inpatient hospital care, low severity	2	\$ 76.75

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**Revised 2/10/12**

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99235	Observation of inpatient hospital care, moderate severity	2	\$ 101.29
99236	Observation of inpatient hospital care, high severity	2	\$ 208.26
99238	Hospital discharge day management 30 minutes or less	2	\$ 40.83
99239	Hospital discharge day management more than 30 minutes	2	\$ 58.76
99241	Office consultation for a new or established patient, approximately 15 minutes	2	\$ 35.28
99242	Office consultation for a new or established patient, approximately 30 minutes	2	\$ 64.53
99243	Office consultation for a new or established patient, approximately 40 minutes	2	\$ 88.26
99244	Office consultation for a new or established patient, approximately 60 minutes	2	\$ 128.93
99245	Office consultation for a new or established patient, approximately 80 minutes	2	\$ 159.80
99251	Initial inpatient consultation, 20 minutes	2	\$ 28.09
99252	Initial inpatient consultation, 40 minutes	2	\$ 45.41
99253	Initial inpatient consultation, 55 minutes	2	\$ 66.93
99254	Initial inpatient consultation, 80 minutes	2	\$ 96.53
99255	Initial inpatient consultation, 110 minutes	2	\$ 120.07
99281	Emergency department visit, minor severity	2	\$ 11.87
99282	Emergency department visit, low to moderate severity	2	\$ 22.49
99283	Emergency department visit, moderate severity	2	\$ 36.78
99284	Emergency department visit, high severity	2	\$ 66.77
99285	Emergency department visit, high severity with significant threat	2	\$ 99.99
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	\$7.56
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	\$20.66
J0515	Injection, Benzotropine Mesylate, per 1mg	2	\$ 17.08
J0735	Injection, Clonidine Hydrochlorine (HCL), 1mg/Injection	2	\$ 65.84
J0780	Injection, Prochlorperazine, up to 10 mg	2	\$ 2.04
J1200	Injection, Diphenhydramine HCL, up to 50 mg	2	\$ 0.80
J1320	Injection, Amitriptyline HCL, up to 20 mg	2	\$ 2.24
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 2.12
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 5.25
J1990	Injection, Chlordiazepoxide HCL, up to 100 mg	2	\$ 21.05
J2060	Injection, Lorazepam, 2 mg	2	\$ 1.22
J2358	Injection, Olanzapine, long-acting, 1 mg	2	\$ 2.75
J2426	Injection, Paliperidone palmitate extended release, 1 mg	2	\$ 6.50
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.49
J2794	Injection, Risperidone, long acting, 0.5 mg	2	\$ 4.80
J3230	Injection, Chlorpromazine HCL, up to 50 mg	2	\$ 3.95
J3310	Injection, Perphenazine, up to 5 mg	2	\$ 6.38
J3410	Injection, Hydroxyzine HCL, up to 25 mg	2	\$ 0.21
J3411	Injection, Thiamine HCL, 100 mg	2	\$ 2.01
J3486	Injection, Ziprasidone Mesylate, 10 mg	2	\$ 5.09
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2	\$ 32.91
T1016	Case Management - Services furnished to assist individuals in gaining access to needed medical, social, educational and other services - each 15 min. - (Clients under 19 only)	2	\$ 15.00
All others		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members			
<b>Code</b>	<b>Psychiatric APRN</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
90801	Diagnostic Interview	2	\$ 132.75
90802	Interactive Diagnostic Interview	2	\$ 141.48
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 55.36
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 55.07
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 81.15

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90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical	2	\$ 77.13
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 121.67
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical	2	\$ 117.87
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 60.54
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	\$ 69.05
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 89.08
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	\$ 96.02
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 128.24
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	\$ 134.00
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 33.27
90817	90816 with medical evaluation and management	2	\$ 39.46
90818	Individual psychotherapy, insight oriented 45-50 minutes Facility based	2	\$ 49.96
90819	90818 with medical evaluation and management	2	\$ 58.53
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 73.87
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	2	\$ 100.98
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 58.99
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	2	\$ 64.70
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	\$ 87.37
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	2	\$ 90.61
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 126.59
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	2	\$ 130.03
90846	Family Psychotherapy (without the patient present)	2	\$ 80.07
90847	Family Psychotherapy (conjoint)	2	\$ 98.64
90849	Multi-group family psychotherapy	2	\$ 29.04
90853	Group Psychotherapy	2	\$ 30.72
90857	Interactive Group psychotherapy	2	\$ 37.73
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	2	\$ 42.44
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	2	\$ 139.34
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	2	\$ 85.17
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	\$ 69.69
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	\$ 100.84
90880	Hypnotherapy	2	\$ 102.63
90887	Interpretation or explanation of results of psychiatric or other medical examinations	2	\$ 74.06
96101	Psychological testing, per hour	2	\$ 79.46
96110	Developmental testing with report	2	\$ 16.20
96111	Developmental testing, extended	2	\$ 78.51
96118	Neuropsychological testing battery, per hour	2	\$ 103.90
99201	Office or other outpatient visit, 10 minutes, new patient	2	\$ 23.35
99202	Office or other outpatient visit, 20 minutes, new patient	2	\$ 40.48
99203	Office or other outpatient visit, 30 minutes, new patient	2	\$ 59.76
99204	Office or other outpatient visit, 45 minutes, new patient	2	\$ 90.15
99205	Office or other outpatient visit, 60 minutes, new patient	2	\$ 112.81
99211	Office or other outpatient visit, 5 minutes, established patient	2	\$ 13.45
99212	Office or other outpatient visit, 10 minutes, established patient	2	\$ 24.15
99213	Office or other outpatient visit, 15 minutes, established patient	2	\$ 38.64
99214	Office or other outpatient visit, 25 minutes, established patient	2	\$ 58.49
99215	Office or other outpatient visit, 40 minutes, established patient	2	\$ 78.84
99217	Observation care discharge	2	\$ 37.01
99218	Initial observation care, low severity	2	\$ 34.43
99219	Initial observation care, moderate severity	2	\$ 57.56
99220	Initial observation care, high severity	2	\$ 80.07

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	Note: PSR = Provider Specific Rate		
99221	Inpatient hospital care, 30 minutes	2	\$ 48.12
99222	Inpatient hospital care, 50 minutes	2	\$ 66.03
99223	Inpatient hospital care, 70 minutes	2	\$ 95.99
99231	Subsequent hospital care, 15 minutes	2	\$ 20.10
99232	Subsequent hospital care, 25 minutes	2	\$ 35.33
99233	Subsequent hospital care, 35 minutes	2	\$ 50.18
99234	Observation of inpatient hospital care, low severity	2	\$ 69.08
99235	Observation of inpatient hospital care, moderate severity	2	\$ 91.16
99236	Observation of inpatient hospital care, high severity	2	\$ 187.43
99238	Hospital discharge day management 30 minutes or less	2	\$ 36.75
99239	Hospital discharge day management more than 30 minutes	2	\$ 52.88
99241	Office consultation for a new or established patient, approximately 15 minutes	2	\$ 31.75
99242	Office consultation for a new or established patient, approximately 30 minutes	2	\$ 58.08
99243	Office consultation for a new or established patient, approximately 40 minutes	2	\$ 79.43
99244	Office consultation for a new or established patient, approximately 60 minutes	2	\$ 116.04
99245	Office consultation for a new or established patient, approximately 80 minutes	2	\$ 143.82
99251	Initial inpatient consultation, 20 minutes	2	\$ 25.28
99252	Initial inpatient consultation, 40 minutes	2	\$ 40.87
99253	Initial inpatient consultation, 55 minutes	2	\$ 60.24
99254	Initial inpatient consultation, 80 minutes	2	\$ 86.88
99255	Initial inpatient consultation, 110 minutes	2	\$ 108.06
99281	Emergency department visit, minor severity	2	\$ 10.68
99282	Emergency department visit, low to moderate severity	2	\$ 20.24
99283	Emergency department visit, moderate severity	2	\$ 33.10
99284	Emergency department visit, high severity	2	\$ 60.09
99285	Emergency department visit, high severity with significant threat	2	\$ 89.99
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	\$ 6.80
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	\$ 18.59
J0515	Injection, Benzotropine Mesylate, per 1mg	2	\$ 15.37
J0735	Injection, Clonidine Hydrochlorine (HCL), 1mg/Injection	2	\$ 59.26
J0780	Injection, Prochlorperazine, up to 10 mg	2	\$ 1.84
J1200	Injection, Diphenhydramine HCL, up to 50 mg	2	\$ 0.72
J1320	Injection, Amitriptyline HCL, up to 20 mg	2	\$ 1.24
J1630	Injection, Haloperidol, up to 5 mg	2	\$ 1.91
J1631	Injection, Haloperidol decanoate, per 50 mg	2	\$ 4.73
J1990	Injection, Chlordiazepoxide HCL, up to 100 mg	2	\$ 18.95
J2060	Injection, Lorazepam, 2 mg	2	\$ 1.10
J2358	Injection, Olanzapine, long-acting, 1 mg	2	\$ 2.48
J2426	Injection, Paliperidone palmitate extended release, 1 mg	2	\$ 5.85
J2680	Injection, Fluphenazine decanoate, up to 25 mg	2	\$ 1.34
J2794	Injection, Risperidone, long acting, 0.5 mg	2	\$ 4.32
J3230	Injection, Chlorpromazine HCL, up to 50 mg	2	\$ 3.56
J3310	Injection, Perphenazine, up to 5 mg	2	\$ 3.55
J3410	Injection, Hydroxyzine HCL, up to 25 mg	2	\$ 0.19
J3411	Injection, Thiamine HCL, 100 mg	2	\$ 1.81
J3486	Injection, Ziprasidone Mesylate, 10 mg	2	\$ 4.58
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2	\$ 29.62
T1016	Case Management - Services furnished to assist individuals in gaining access to needed medical, social, educational and other services - each 15 min. - (Clients under 19 only)	2	\$ 13.50
All others		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members			

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	Note: PSR = Provider Specific Rate

<b>Code</b>	<b>Psychologist and Psychologist Group (Coverage available for all HUSKY A and B member but restricted to HUSKY C and D Medicare Crossover claims or clients under 21 years of age)</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
90801	Diagnostic Interview	2	\$ 125.38
90802	Interactive Diagnostic Interview	2	\$ 133.62
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 52.28
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 76.64
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 114.91
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 57.18
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 84.12
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 121.12
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 31.42
90818	Individual psychotherapy, insight oriented 45-50 minutes Facility Based	2	\$ 55.28
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 69.77
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 55.71
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	\$ 82.52
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 119.56
90846	Family Psychotherapy (without the patient present)	2	\$ 75.62
90847	Family Psychotherapy (conjoint)	2	\$ 93.16
90849	Multi-group family psychotherapy	2	\$ 27.42
90853	Group Psychotherapy	2	\$ 29.01
90857	Interactive Group psychotherapy	2	\$ 35.64
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	\$ 65.82
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	\$ 95.23
90880	Hypnotherapy	2	\$ 96.93
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons. .	2	\$ 69.95
96101	Psychological testing, per hour	2	\$ 75.05
96110	Developmental testing with report	2	\$ 15.30
96111	Developmental testing, extended	2	\$ 74.15
96118	Neuropsychological testing battery, per hour	2	\$ 98.12
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	\$ 6.43
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	\$ 17.56
T1016	Case Management - Services furnished to assist individuals in gaining access to needed medical, social, educational and other services - each 15 min. - (Clients under 19 only)	2	\$ 12.75
All others	All other requested services for EPSDT coverage.	3	PSR

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<b>Code</b>	<b>Independent Practice Behavioral Health Professional (LCSW, LMFT, LPC, LADC) (Coverage available for all HUSKY A and B member but restricted to HUSKY C and D Medicare Crossover claims or clients under 21 years of age)</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
90801	Diagnostic Interview	2	\$ 103.25
90802	Interactive Diagnostic Interview	2	\$ 110.04
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 43.06
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 63.12
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 94.63
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	\$ 47.09
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	\$ 69.28
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	\$ 99.74
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 25.88

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	Note: PSR = Provider Specific Rate		
90818	Individual psychotherapy, insight oriented 45-50 minutes Facility Based	2	\$ 45.52
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 57.46
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	\$ 45.88
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	\$ 67.96
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	\$ 98.46
90846	Family Psychotherapy (without the patient present)	2	\$ 62.28
90847	Family Psychotherapy (conjoint)	2	\$ 76.72
90849	Multi-group family psychotherapy	2	\$ 22.58
90853	Group Psychotherapy	2	\$ 23.89
90857	Interactive Group psychotherapy	2	\$ 29.35
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	\$ 54.20
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	\$ 78.43
90880	Hypnotherapy	2	\$ 79.83
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	\$ 57.60
96110	Developmental testing with report	2	\$ 12.60
96111	Developmental testing, extended	2	\$ 61.06
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	2***	\$5.29
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	2***	\$14.46
T1016	Case Management - Services furnished to assist individuals in gaining access to needed medical, social, educational and other services - each 15 min. - (Clients under 19 only)	2	\$ 10.50

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Code	Home Health Care Agencies	Coverage	Medicaid Fee
<b>RCC/HCPC</b>			
421	Physical Therapy	3	\$ 80.49
424	Physical Therapy Evaluation	3	\$ 80.49
431	Occupational Therapy	3	\$ 82.82
434	Occupational Therapy Evaluation	3	\$ 82.82
441	Speech Therapy	3	\$ 82.82
444	Speech Therapy Evaluation	3	\$ 82.82
570/T1004	Services of a qualified nursing aide, up to 15 minutes	3	PSR
580/S9123	Nursing care, in the home by an RN, per hour	3	PSR
580/S9124	Nursing Care, in the home by an LPN, per hour	3	PSR
580/T1001	Nursing Assessment/Evaluation	3	PSR
580/T1002	RN Services, up to 15 minutes	3	PSR
580/T1003	LPN/LVN services, up to 15 minutes	3	PSR
580/T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	3	PSR

Code	Other Community Services	Coverage	Medicaid Fee
H2017	Psychosocial Rehabilitation services, per 15 minutes	2*	PSR
H2019	Therapeutic Behavioral Services, per 15 minutes (MST, MDFT, FFT, FST, HBV) (Clients under 21 only)****	2*	\$ 18.81
H2019	Therapeutic Behavioral Services, per 15 minutes (IICAPS) (Clients under 21 only)	2*	\$ 30.82
S9484	Emergency mobile mental health service, follow-up by a clinician (Clients under 21 only)	2*	\$ 85.00
S9484 -HM	Emergency mobile mental health service, follow-up by a paraprofessional-less than a Bachelors (Clients under 21 only)	2*	\$ 70.00
S9484-HN	Emergency mobile mental health service, follow-up by a paraprofessional- Bachelors (Clients under 21 only)	2*	\$ 70.00

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S9484-HT	Emergency mobile mental health service, follow-up by a team (Clients under 21 only)	2*	\$ 125.00
S9485	Emergency mobile mental health service, initial evaluation by a clinician (Clients under 21 only)	2*	\$ 175.00
S9485- HT	Emergency mobile mental health service, initial evaluation by a team (Clients under 21 only)	2*	\$ 255.00
T1017	Case management - home/community, each 15 minutes (part of home-based services only - MST, MDFT, FFT) (Clients under 21 only)****	2*	\$ 18.81
T1017	Case management - home/community, each 15 minutes (part of home-based services only - IICAPS) (Clients under 21 only)	2*	\$ 30.82
*Coverage restricted to providers approved, certified and/or licensed by DCF to provide this service **** Multisystemic Therapy including Families in Transition and Problem Sexual Behavior sub-types, Multi-Dimensional Family Therapy, Functional Family Therapy			
<b>Code</b>	<b>All Other Provider Types Including but NOT Limited to Independent Physical Therapist, Medical Transportation, Emergency Medical Transportation, Independent Laboratory Services, and Pharmacy</b>	<b>Coverage</b>	<b>Medicaid Fee</b>
All codes		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees