

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 30th 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).

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.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP (S): ALL

1. **Rehabilitation services for individuals under 21 years of age with a behavioral health disorder:**

Rehabilitation services include a) office-based off-site rehabilitation services, b) home and community-based rehabilitation services, c) emergency mobile psychiatric services, and d) extended day treatment when provided by a qualified and enrolled Medicaid provider. Rehabilitation services must be recommended by a physician or other licensed clinician operating within his or her scope of practice. All services must be based on the rehabilitation plan which must be signed by a physician or other licensed clinician operating within his or her scope of practice.

Except as noted below, providers are required to develop a written rehabilitation plan for each individual in accordance with section 17a-20-42 of the Regulations of Connecticut State Agencies not later than thirty days after the individual's admission to the program. Providers of emergency mobile psychiatric services to individuals are not required to develop an individualized rehabilitation plan that meets the requirements of section 17a-20-42 of the Regulations of Connecticut State Agencies unless the services are provided for a period of more than 45 days. The Statewide Uniform Crisis Plan shall serve as the rehabilitation plan for the emergency mobile psychiatric services until an individual rehabilitation plan for emergency mobile psychiatric services is developed.

Rehabilitation services include:

a. **Office-Based Off-Site Rehabilitation Services:**

Office-based off-site rehabilitation services provided by an outpatient psychiatric clinic licensed by the Department of Children and Families (DCF) and operating within its scope of practice may provide any of the routine outpatient services listed on the department's fee schedule for behavioral health clinics. Office-based off-site locations may include primary care offices, schools, and other office settings other than the clinic's primary or satellite office as provided for on the clinic's license.

Direct service staff include physicians; licensed or certified practitioners performing within his or her scope of practice in any of the professional and occupational license or certification categories pertaining to behavioral health covered in Title 20 of the Connecticut General Statutes; license-eligible or

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certification-eligible individuals whose education, training, skills and experience satisfy the criteria for any of the professional and occupational licensure or certification categories pertaining to behavioral health covered in Title 20 of the Connecticut General Statutes; or individuals in training for any of the professional and occupational license or certification categories pertaining to behavioral health covered in Title 20 of the Connecticut General Statutes. All unlicensed staff perform under the supervision of licensed clinical staff.

b. Home and Community-Based Rehabilitation Services

Home and community-based rehabilitation services are provided in the home or other community setting to a child with psychiatric or substance use disorders in order to reduce disability, restore functioning and achieve full community integration and recovery. Coverage is limited to those approved rehabilitation service models identified below. DCF has established a Rehabilitation Program Review Board (RPRB) to review and approve specific rehabilitation service models which must be standardized interventions that have sufficient evidence of empirical support and dissemination readiness. The RPRB consists of behavioral health professionals designated jointly by the Department of Children and Families and the Department of Social Services.

Provider Qualifications: Participating providers must be licensed behavioral health service providers that are fully accredited by one of the national accrediting bodies and certified by the RPRB as a provider of one or more of the rehabilitation service models listed in this section of the state plan. Each program must be directed by a program director that is a licensed clinician in a category pertaining to behavioral health covered in Title 20 of the Connecticut General Statutes and has a minimum of three years experience in a behavioral health services related position.

Direct service staff: Direct service staff may include physicians, licensed or certified practitioners performing within his or her scope of practice in any of the professional and occupational license or certification categories pertaining to behavioral health covered in Title 20 of the Connecticut General Statutes, licensed or certification-eligible individuals whose education, training; skills and experience satisfy the criteria for any of the professional and occupational licensure or certification categories pertaining to behavioral health covered in Title 20 of the Connecticut General Statutes; non-licensed masters level mental health clinicians; or individuals who hold either a bachelors degree in a behavioral health related

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specialty or who have two years of experience in the provision of behavioral health services, provided that such individuals meet the requirements of any applicable certification authority. All staff have been trained to perform services consistent with the approved model. All unlicensed staff perform under the supervision of licensed clinical staff.

The following home and community based rehabilitation service models have been approved:

i. Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is an intensive family-and community-based treatment program for individuals under age 18 years with significant conduct, oppositional defiant, or substance use disorders and who typically have or are at risk of juvenile justice involvement. MST intervenes broadly within the youth's social ecology including home, school, family, neighbors, friends, juvenile justice authorities and other child serving systems. Within standard MST are two program adaptations serving subgroups of the broader population. These program adaptations include one that serves youth transitioning back to the community after a period of time placed outside the family, and a second that provides care to youth with conduct disorders that are expressed primarily through problem sexual behaviors and other co-occurring disorders.

ii. Multidimensional Family Therapy (MDFT)

Multidimensional family therapy is an evidence based rehabilitation program for adolescent behavioral, conduct, and emotional problems and substance abuse. MDFT treatment focuses primarily on disorders and behaviors typical of youth with conduct problems and with, or at high risk for juvenile justice system involvement. The intervention typically focuses on youth aggression, substance use, defiance, educational difficulties and other co-occurring problems such as anxiety and depression. MDFT therapists work in four interdependent domains including adolescent behavior and development, parenting, family functioning, and extra-familial relationships. Each domain is addressed in three stages including building a foundation for change through engagement, facilitating individual and family change through improving communication and parenting skills, and solidifying changes and

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sustaining gains through developing plans regarding how the family will respond to problems after treatment ends.

iii. Functional Family Therapy (FFT)

FFT is a short-term intervention program with an average of 12 sessions over a 3-4 month period. FFT therapists offer intensive clinical services and support to children and youth with psychiatric, emotional, or behavioral difficulties. Services are conducted in both clinic and home settings, and can also be provided in a variety of settings including schools, child welfare facilities, probation and parole offices/aftercare systems, and mental health facilities. FFT is a strength-based model. At its core is a focus and assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid to both intra-familial and extra-familial factors, and how they present within and influence the therapeutic process.

iv. Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)

The Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS) program is designed to address the comprehensive needs of children with psychiatric disorders whose families are unable to maintain them safely within their own homes. Children appropriate for IICAPS are those who can be discharged from psychiatric hospitals, residential treatment facilities or detention facilities with additional in-home support and children in acute psychiatric crisis for whom hospitalization is being considered. Children for whom traditional outpatient treatment is insufficient to maintain them appropriately in the community and children and adolescents who have been diagnosed with serious mental illness and have been adjudicated delinquent by the court may also be referred.

c. Emergency Mobile Psychiatric Services (EMPS)

EMPS are rehabilitation services provided by a DCF certified provider in a home or other community setting to an individual in response to a psychiatric or substance abuse related crisis in order to reduce disability, restore functioning and achieve full community integration and recovery. This

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service provides emergency services including mobile response; psychiatric assessment; medication consultation, assessment, and short-term medication management; behavioral management services; substance abuse screening, and referral. EMPS may be delivered in any home or community setting.

d. Extended Day Treatment (EDT)

EDT is a community-based program licensed by DCF that offers a structured, intensive, therapeutic milieu with integrated clinical treatment services. EDT must provide a minimum of three hours of scheduled, documented programming per day of which at least two and one half hours are therapeutic services. EDT services are provided year round during non-school hours for an average period of six months. EDT serves individuals with significant functional impairments resulting from a behavioral health condition in order to avert hospitalization or increase the client's level of independent functioning.

Direct service staff must meet the minimum requirements established in sections 17a-147-1 to 17a-147-36, inclusive, of the regulations of Connecticut state agencies. All unlicensed staff perform under the supervision of licensed clinical staff.

Covered Services

Depending upon the particular needs of each individual and the rehabilitation plan, home and community-based rehabilitation services, extended day treatment program services and EMPS may include the following components:

- a. Intake and assessment, which means assessing and reassessing the individual's behavioral health needs in the context of medical, social, educational and other needs through face-to-face contact with the individual, the individual's family and through consultation with other professionals;
- b. development of an individual rehabilitation plan in accordance with sections 17b-262-851(7) and 17b-262-858 of the Regulations of Connecticut State Agencies;
- c. individual and group psychotherapy or counseling;

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- d. family therapy or training;
- e. socialization skills development, which means individual-centered skill development activities that are provided to support the goals and objectives in the rehabilitation plan and that are directed at reducing individuals' psychiatric and substance abuse symptoms, restoring individuals to an achievable functioning level;
- f. behavior modification or management training and intervention;
- g. supportive counseling directed at solving daily problems related to community living and interpersonal relationships;
- h. psycho-educational services pertaining to the alleviation and management of psychiatric or substance abuse disorders;
- i. teaching, coaching and assisting with daily living and self-care skills such as the use of transportation, meal planning and preparation, personal grooming, management of financial resources, shopping, use of leisure time, interpersonal communication and problem solving;
- j. therapeutic recreation and other skill development activities directed at reducing disability; restoring individual functioning and achieving independent participation in social, interpersonal or community activities and full community re-integration and independence as identified in the rehabilitation plan;
- k. support with connecting individuals to natural community supports;
- l. orientation to, and assistance with, accessing self-help and advocacy resources;
- m. development of self-advocacy skills;
- n. health education;
- o. teaching of recovery skills in order to prevent relapse;

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- p. crisis response services, either face-to-face or telephonic only, when provided as part of a home and community-based rehabilitation service; and
- q. consultation for persons responsible for the development of healthy social relationships and the promotion of successful interpersonal and community experiences.

Coverage limitations:

- a. Services that do not meet medical necessity requirements or any applicable authorization or certification requirements are not eligible for Medicaid payment.
- b. Services shall be based on the rehabilitation plan developed pursuant to section 17b-262-851(7) of the Regulations of Connecticut State Agencies and the requirements of sections 17b-262-849 to 17b-262-861, inclusive, of the Regulations of Connecticut State Agencies, and shall be performed by or under the supervision of a licensed clinician employed by or under contract with the provider.
- c. Home and community-based services and EMPS may be provided in a facility, home, hospital or other setting, except as follows:
 - i. When an individual resides in a facility or institution, the services may not duplicate services included in the facility's or institution's rate; or
 - ii. if the provider operates a clinic or practice for the provision of outpatient services, no more than 10 visits may be provided at the site of the outpatient clinic or practice per individual per episode of care, other than the initial assessment, which may occur off-site. The services rendered under this exception are considered reimbursable services only if the services rendered are part of a rehabilitation plan.

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(13) Other diagnostic, screening, preventive and rehabilitative services

(a) Durable Medical Equipment

Except as otherwise noted in the plan, payment for these services is based on state developed fee schedule rates, which are the same for both governmental and private provider of durable medical equipment. The agency's rates were set as of 2/1/2010 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at www.ctdssmap.com.

(a) Rehabilitative Services

(1) ~~Psychiatric Services to children, youth and their families~~ — ~~Negotiated Rate.~~

Rehabilitation services for individuals under 21 years of age with a behavioral health disorder.

The agency's fixed fees were set as of January 1, 2012 and are effective for services rendered on or after that date. Fees are the same for both governmental and non-governmental providers. All fees are published on the agency's website at www.ctdssmap.com. Fees for office-based off-site rehabilitation services are the same as those for behavioral health clinics including any fee enhancements related to meeting special access and quality standards. Payment for rehabilitation services may be made only to the extent that a covered rehabilitation service is provided by a qualified participating provider certified or licensed by the Department of Children and Families. Rehabilitation services must be recommended by a physician or other licensed clinician operating within his or her scope of practice.

- When home and community-based rehabilitation services are delivered by more than one staff member, each staff member may bill for time spent engaged in rehabilitative services, whether the staff members are working together as a team or independently. When more than one staff member is in the home at the same time co-facilitating a family therapy or crisis intervention, each staff member may bill for the time spent engaged in this activity. All fees are payable at the same rate, regardless of the qualifications of the direct service staff.

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Effective Date 1-1-2012

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- Office-based off-site rehabilitation services provided by a provider that is not a Federally Qualified Health Center are reimbursed at the same rate applicable to such services when provided under the clinic option at a primary or satellite site as provided for on the clinic's DCF license.
- Office-based off-site rehabilitation services provided by a Federally Qualified Health Center are reimbursed at the Federally Qualified Health Center's psychiatric encounter rate.
- Home and community-based rehabilitation services and Emergency Mobile Psychiatric Services provided by Federally Qualified Health Centers are reimbursed in accordance with the fee schedule applicable to providers that are not Federally Qualified Health Centers.
- The EDT services per diem fee is inclusive of all medication evaluation or management services, treatment and rehabilitative services, administrative costs and coordination with or linkage to other health care services.

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- (2) Birth to Three Services – Negotiated Rate.
- (3) Private Non-Medical Institutions for rehabilitation of children – Capitated Rate not to exceed the upper limits established in accordance with 42 CFR, Section 447.362
- (4) Private Non-Medical Institutions for rehabilitation of adults - An overall cost based capitation rate will be set for rehabilitative services provided by private non-profit group homes licensed by the Department of Public Health and certified by the Department of Mental Health and Addiction Services. The Department of Mental Health and Addiction Services certification will help assure that non-licensed mental health direct service staff have the level of education, experience, training, and/or supervision necessary to provide direct rehabilitative services as defined in Attachment 3.1-A. These direct service staff will hold either a bachelor's degree in a behavioral health related specialty or have two years experience in the provision of mental health services. The range of compensation will be consistent with this level of trained staff and individual qualifications.

The capitation rate will be a monthly rate. Facility providers will bill one unit per month for every Medicaid eligible individual. One capitation rate will be established and applied uniformly to all facility providers and to all Medicaid eligible recipients provided with a covered rehabilitative service during the month, whether the recipient was a resident of the facility for an entire month or a portion of the month. The capitation rate will be established based upon annual audited cost reports and semi-annual time studies. The time studies will be conducted for one week, twice each year, and will involve all staff present during the time study week and involved in the provision of rehabilitative services. All facility providers will be required to participate in the time studies to determine the portion of direct care staff time associated with these services.

TN# 12-012
Supersedes
TN # 10-018

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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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Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered		
	Note: PSR = Provider Specific Rate		
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.		
Code	General Hospital Emergency Department	Coverage	Medicaid Fee
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
Code	General Hospital Outpatient	Coverage	Medicaid Fee
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		
Code	General Hospital Outpatient - Enhanced Care Clinic (ECC)	Coverage	Medicaid Fee
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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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		
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

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

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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	Note: PSR = Provider Specific Rate		
Code	PRTF	Coverage	Medicaid Fee
T2048	Psychiatric health facility service, per diem	2	PSR
Code	DCF Residential	Coverage	Medicaid Fee
N/A	DCF Funded residential facility	2	PSR
2075Y	PNMI - Therapeutic Group Homes	2	PSR
Code	Mental Health Group Home	Coverage	Interim Medicaid Fee
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		
Code	Long Term Care Facility	Coverage	Medicaid Fee
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.		
Code	Behavioral Health Clinic - child fees listed, adult fees pay at 95% of child fees	Coverage	Medicaid Child Fee
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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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	\$ 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

BHP Covered Services and Proposed Fee Table
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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		
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		
Code	Behavioral Health Clinic- Enhanced Care Clinic (ECC): child fee listed, adult fee pays at 95% of child fee	Coverage	Medicaid Child Fee
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

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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		
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

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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>			
Code	FQHC Behavioral Health Clinic	Coverage	Medicaid Fee
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

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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		
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		
Code	State Institution Mental Health Clinic - child fees listed, adult fees pay at 95% of child fees	Coverage	Medicaid Child Fee
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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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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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		
Code	Rehabilitation Clinic	Coverage	Medicaid Fee
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
Code	Freestanding Medical Clinic (including non-FQHC School-Based Health Centers)	Coverage	Medicaid Fee
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

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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		
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			
Code	FQHC Medical Clinics (including those operating as School-Based Health Centers)	Coverage	Medicaid Fee
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
Code	Chemical Maintenance Clinic	Coverage	Medicaid Fee
H0020	Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	2	PSR
Code	MD, DO and APRN other than Psychiatrist or Psychiatric APRN	Coverage	Medicaid Fee
All Codes		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees
Code	Psychiatrist (MD or DO)	Coverage	Medicaid Fee
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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	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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	Note: PSR = Provider Specific Rate		
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			
Code	Psychiatric APRN	Coverage	Medicaid Fee
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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	Note: PSR = Provider Specific Rate		
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

Code	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)	Coverage	Medicaid Fee
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

***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members

Code	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)	Coverage	Medicaid Fee
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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Legend:	3= HUSKY A, B, C, D and Charter Oak for Primary Diagnoses 291-316, 4= Not covered		
	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

***Coverage available for all HUSKY A, C and D members but restricted to pregnant HUSKY B and Charter Oak members

Code	Home Health Care Agencies	Coverage	Medicaid Fee
RCC/HCPC			
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

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		
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			
Code	All Other Provider Types Including but NOT Limited to Independent Physical Therapist, Medical Transportation, Emergency Medical Transportation, Independent Laboratory Services, and Pharmacy	Coverage	Medicaid Fee
All codes		1	See Appropriate Medical Fee Schedule for Covered Codes and Fees