Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin

PB 2005-76D **December 2005**

TO: Hospitals

SUBJECT: New Connecticut Behavioral Health Partnership

The Department of Social Services (DSS) and the Department of Children and Families (DCF) are pleased to announce that the new Connecticut Behavioral Health Partnership (CT BHP) for children and families in the HUSKY A and HUSKY B programs and children that are DCF funded will begin January 1, 2006.

This bulletin provides important program information including: provider enrollment requirements; client eligibility information; authorization and registration processes; and claims submission procedures for the Connecticut Behavioral Health Partnership (CT BHP).

Effective with dates of service January 1, 2006 and forward, the Managed Care Organizations, or their subcontractors, will no longer manage or pay claims **for behavioral health services**. An Administrative Services Organization (ASO), under contract with the Department of Social Services and Department of Children and Families, will authorize and manage the behavioral health services of HUSKY A, HUSKY B and DCF funded clients under the CT BHP. Electronic Data Systems (EDS) will process behavioral health claims specifically for eligible HUSKY A, HUSKY B and DCF funded clients for claims with dates of service of January 1, 2006 forward.

There are no changes to the behavioral health benefit, prior authorization or claim submission requirements for clients enrolled in the Medicaid Fee for Service and State Administered General Assistance (SAGA) Programs. These clients are not included under the CT BHP.

Provider Enrollment - How do I enroll to participate as a CT BHP Provider?

Providers that wish to be reimbursed for behavioral health services under the CT BHP must be enrolled as a Connecticut Medical Assistance Program provider. **Providers who are currently enrolled to provide services to clients in the Connecticut Medical Assistance Program do not need to take any action.**

Providers who are enrolled may receive in the mail a provider data verification form (PDV) from the CT BHP ASO. The PDV must be completed and returned to the CT BHP ASO at 500 Enterprise Drive, Suite 4D, Rocky Hill, CT 06067 Attn: Provider Relations, in order to help ensure timely and accurate authorization, referrals, and claims processing. For assistance with completing the PDV please contact the CT BHP ASO Provider Relations Department at 1-877-552-8247.

Providers who wish to enroll should obtain an enrollment application by contacting the EDS Provider Assistance Center at the numbers listed at the end of this bulletin or by writing to: EDS, Provider Enrollment Unit, P.O. Box 5007, Hartford, CT 06104. Enrollment questions should be directed to the EDS Provider Assistance Center at the telephone number listed at the end of this bulletin.

Client Eligibility - How do I verify the client's eligibility?

EDS has the following tools for providers to verify client eligibility:

- **Web Eligibility Verification**

  Enrolled providers may verify client eligibility through the Connecticut Medical Assistance Program website at www.ctmedicalprogram.com. Providers can log into the web eligibility system by clicking on "Eligibility Verification" → "Eligibility Verification and RA download" and enter their Provider ID # and Password. Initial web logon passwords can be obtained by contacting the EDS Provider Assistance Center at the phone number at the end of this bulletin.

- **Provider Electronic Solutions**

  Provider Electronic Solutions is free software provided by EDS for the submission of eligibility verification and claim transactions. This software is extremely helpful to those providers who, over time, will verify eligibility multiple times for the same client. A client database is developed which allows the provider to resubmit an eligibility request for the same client with a different date of service with little effort. The software may be downloaded from the website www.ctmedicalprogram.com by clicking on "EDI" → "EDI Software" or ordered on CD by calling the EDS EDI Department at 1-800-688-0503 or local to New Britain at 860-827-1439.

- **Automated Voice Response System (AVRS)**

  Enrolled providers may verify client eligibility through EDS' Automated Voice Response System (AVRS). Providers must be an actively enrolled Connecticut Medical Assistance Program Provider and must be assigned an AVRS ID and PIN # to utilize the automated system. AVRS ID #'s can be obtained by contacting the EDS Provider Assistance Center. PIN #'s are created by the individual user accessing the system. The AVRS can be accessed by dialing in-state toll free at (800) 842-8440 or local to New Britain at (860) 832-9259.

How do I know if a client is eligible for CT Behavioral Health Partnership services?

It is critical to verify client eligibility prior to rendering a service. The following eligibility responses will be returned for clients eligible for CT Behavioral Health Partnership services:

- **Husky A Clients:**

  "Managed Care Client with "*MCO Plan*" call "*telephone number*". Husky A client, for behavioral health services call CT BHP at 1-877-552-8247."

- **Husky B Clients:**

  "Managed Care Client with "*MCO Plan*" call "*telephone number*". Husky B client, for behavioral health services call CT BHP at 1-877-552-8247."

- **DCF Funded Clients:**

  "Client eligible for limited behavioral health services only. Contact CT BHP at 1-877-552-8247 "

Behavioral health service claims for these clients must be submitted to EDS for processing for dates of service on or after January 1, 2006. Medical services will continue to be processed by the clients' Managed Care Organization.

What services are covered under the CT Behavioral Health Program for HUSKY A and B clients?

The CT BHP covers specific procedure codes/services that your provider type/specialty can provide and be reimbursed for. These specific codes can be found on the Fee Schedule located on the website www.ctmedicalprogram.com by clicking on "Publications" → "Fee Schedules" → "Behavioral Health Partnership" → "click on "Bookmarks" on the left hand side of the first fee schedule that appears, then select your provider type. This fee schedule provides the specific procedure codes or services that the CT BHP will cover. A listing by provider type without the fees is also attached. *Please note that the asterisks (*) on the fee schedules, which indicate that the procedure requires authorization or registration, are not applicable at this time*.

Services and reimbursement for non-CT BHP clients under Medicaid fee for service or the State Administered General Assistance (SAGA) Programs will remain unchanged.

What services are covered under the CT Behavioral Health Program for non-HUSKY DCF Funded Clients who have been granted "limited behavioral health services"?

As of January 1, 2006, the CT BHP will only cover Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) provided by DCF certified providers. Providers will be notified as other services are added to the benefits available to non-HUSKY DCF Funded Clients.

Are there diagnosis code requirements on CT BHP claims?

Yes, there are specific diagnosis code requirements that correspond to the specific CT BHP procedure codes/services to be payable under CT BHP and are identified in the attachment to this bulletin. If the client does not have the specific diagnosis for the procedure codes/services then the claim should be forwarded to the appropriate Managed Care Organization.

Revenue Center Code (RCC) 513 cannot be billed for clients under the CT BHP. Hospital providers must instead bill the 900 series RCCs.

Which CT BHP services require Authorization or Registration?

Not all behavioral health services will require authorization or registration from the CT BHP ASO. Behavioral health services that require authorization or registration will be identified in the provider fee schedule with an asterisk (*).

***Note well**: No authorization or registration will be required for any CT BHP covered services during the transitional courtesy period, which begins January 1, 2006.* During this transitional courtesy period, providers may bill EDS directly for services without authorization or registration. Authorization and registration requirements will be phased in on a schedule to be determined. Providers will be notified in advance of the schedule for implementing authorizations and registrations. The schedule will also be posted at www.CTBHP.com.

How do I verify if an Authorization is on file with EDS?

Once authorization requests become effective, providers will have inquiry access to EDS' Authorization file located on the website www.ctmedicalprogram.com. Providers will access this tool by clicking on "Eligibility Verification" → "Web (includes RA download)" → "Eligibility Verification and RA download". Providers must enter their 9-digit provider number

as the user ID and their assigned password. Initial web logon passwords can be assigned by contacting the EDS Provider Assistance Center. Authorizations that have been approved or denied will be available to view. The Authorization record will also display units used, which will be updated after each claims processing cycle.

How do I submit claims electronically to EDS?

Electronic claim submission is the most efficient method of claims submission. EDS' free Provider Electronic Solutions software is a great tool to submit your claims electronically. This software allows providers to copy previously submitted claims, change dates of service or procedure codes, and submit the new claim with little effort. Providers interested in electronic claims submission may contact the EDS EDI department at 1-800-688-0503 or local to New Britain at 860-827-1439, or access our website www.ctmedicalprogram.com by clicking on "EDI" for more information.

Please note: Hospital services that span the effective date of January 1, 2006 (e.g. 12/29/05 - 01/03/06), will have to split bill their services and prorate their charges accordingly.

In addition, split billing is required when a patient's primary diagnosis changes from medical to psychiatric, whether the patient remains hospitalized on a medical unit or transfers to a psychiatric unit. The converse is also true.

The first part of the stay would be billed to the medical carrier (HUSKY MCO) and the psychiatric portion of the stay would be billed to EDS (the CT BHP ASO would be required to authorize the second part of the stay).

For more information about the split billing requirement, refer to Chapter 8 of your provider manual, Claim Submission Information located on the website www.ctmedicalprogram.com by clicking on "Publications" → "Provider Manuals".

Where do I submit my paper claims?

CT BHP providers rendering CT BHP specific services to HUSKY A, HUSKY B and DCF clients may send their paper claims to the following addresses:

UB-92 Claims:
EDS
P.O. Box 2961
Hartford, CT 06104

CMS-1500 Claims:
(Formerly HCFA-1500)
EDS
P.O. Box 2941
Hartford, CT 06104

What is the timely filing requirement for submitting CT BHP claims to EDS?

Providers rendering CT BHP services to eligible HUSKY A, HUSKY B and DCF clients have **120-days** from the date of service, or 120 days from the date of payment from a third party payer, for submitting claims to EDS. In addition, providers will have **60-days** from the denial of a CT BHP claim (for other than timely filing) to resubmit the claim for payment.

Timely filing requirements for non-CT BHP clients under Medicaid or the State Administered General Assistance Programs will remain unchanged.

How often does EDS process claims?

EDS processes claims twice per month. The claims processing cycle schedule is posted on the website www.ctmedicalprogram.com by clicking on "EDI" → "Claim Submission Schedule".

Provider Remittance Advice (RA) and Publications:

All claims processed by EDS are reported to the provider on a bimonthly RA. RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted. This information is produced based on a provider's claim activity. The RA also contains information on processed financial transactions. Providers can view, search, download and print their RA on the website www.ctmedicalprogram.com by clicking on "Eligibility Verification" → "Eligibility Verification and RA download". Providers must enter their 9-digit provider number as the user ID and their assigned password. Initial web logon passwords can be assigned by contacting the EDS Provider Assistance Center. For information about the RA, refer to Chapter 5 of your provider manual, Claim Submission Information located on the website www.ctmedicalprogram.com by clicking on "Publications" → "Provider Manuals".
Providers may also receive the HIPAA compliant electronic ASC X12N 835 Payment/Advice. For information about electronic RAs, refer to Chapter 6 of your provider manual, Electronic Data Interchange Options.

Providers can also utilize the Connecticut Medical Assistance Program website to access bulletins, forms, and other resources by clicking on "Publications". Questions regarding accessing or using the Connecticut Medical Assistance Program website can be directed to the EDS Provider Assistance Center.

Answers to frequently asked questions can be viewed on the CT BHP website at www.CTBHP.com as they become available. Questions about the Behavioral Health Partnership can be directed to the CT BHP at 1-877-552-8247 or www.CTBHP.com.

Managed Care Organizations are requested to forward this bulletin to all contracted providers.

This bulletin and other program information can be found at **www.ctmedicalprogram.com**.
Questions regarding this bulletin may be directed to the EDS Provider Assistance Center - Monday through Friday from 8:30 a.m. to 5:00 p.m. at:
In-state toll free..... **800-842-8440** or
Out-of-state or
local to New Britain, CT area ... **860-832-9259**

EDS
PO Box 2991
Hartford, CT 06104

Hospital Covered Services Table

Diagnosis Code Requirement Legend:

No = No Diagnosis Code Restrictions

Yes = Restricted to Diagnosis Codes 291-316 ONLY

If the diagnosis code requirement indicates "Yes", then the client must have a diagnosis in the range indicated above for the corresponding RCC/HCPC in order to be covered by the CT BHP. If the clients diagnosis is not in the range indicated above, the claim is not considered a CT BHP claim and should be submitted to the clients respective Managed Care Organization following their coverage guidelines for payment.

Code	General Hospital Inpatient	Diagnosis Code Requirement
110	Room & Board- Private	Yes
111	Room & Board- Private -Med/Surg/Gyn	Yes
112	Room & Board- Private -OB	Yes
113	Room & Board- Private -Pediatric	Yes
114	Room & Board – Private - Psychiatric	Yes
115	Room & Board- Private -Hospice	Yes
116	Room & Board – Private - Detox	Yes
117	Room & Board- Private -Oncology	Yes
118	Room & Board- Private -Rehab	Yes
119	Room & Board- Private -Other	Yes
120	Room & Board-Semi-Private/2 Bed	Yes
121	Room & Board-Semi-Private/ 2 Bed- Med/Surg/Gyn	Yes
122	Room & Board-Semi-Private/ 2 Bed -OB	Yes
123	Room & Board-Semi-Private/ 2 Bed-Pediatric	Yes
124	Room & Board – Semi-Private/2 Bed - Psychiatric	Yes
125	Room & Board-Semi-Private/ 2 Bed-Hospice	Yes
126	Room & Board - Semi-Private/2 Bed - Detox	Yes
127	Room & Board-Semi-Private/ 2 Bed-Oncology	Yes
128	Room & Board-Semi-Private/ 2 Bed-Rehab	Yes
129	Room & Board-Semi-Private/ 2 Bed-Other	Yes
130	Room & Board-Semi-Private/3-4 Bed	Yes
131	Room & Board-Semi-Private/3-4 Bed- Med/Surg/Gyn	Yes
132	Room & Board-Semi-Private/3-4 Bed-OB	Yes
133	Room & Board-Semi-Private/3-4 Bed-Pediatric	Yes
134	Room & Board - Semi-Private/3-4 Bed - Psychiatric	Yes
135	Room & Board-Semi-Private/3-4 Bed-Hospice	Yes
136	Room & Board - Semi-Private/3-4 Bed - Detox	Yes
137	Room & Board-Semi-Private/3-4 Bed-Oncology	Yes
138	Room & Board-Semi-Private/3-4 Bed-Rehab	Yes
139	Room & Board-Semi-Private/3-4 Bed-Other	Yes
140	Room & Board-Private-Deluxe	Yes
141	Room & Board-Private-Deluxe- Med/Surg/Gyn	Yes
142	Room & Board-Private - Deluxe-OB	Yes
143	Room & Board-Private - Deluxe-Pediatric	Yes
144	Room & Board - Private - Deluxe - Psychiatric	Yes
145	Room & Board-Private - Deluxe-Hospice	Yes
146	Room & Board – Private – Deluxe – Detox	Yes
147	Room & Board-Private - Deluxe-Oncology	Yes

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148	Room & Board-Private - Deluxe-Rehab	Yes
149	Room & Board-Private - Deluxe-Other	Yes
150	Room & Board – Ward	Yes
151	Room & Board – Ward - Med/Surg/ Gyn	Yes
152	Room & Board – Ward – OB	Yes
153	Room & Board – Ward – Pediatric	Yes
154	Room & Board - Ward - Psychiatric	Yes
155	Room & Board – Ward – Hospice	Yes
156	Room & Board - Ward - Detox	Yes
157	Room & Board – Ward – Oncology	Yes
158	Room & Board – Ward – Rehab	Yes
159	Room & Board – Ward - Other	Yes
160	Other Room & Board	Yes
164	Other Room & Board – Sterile Environment	Yes
167	Other Room & Board – Self Care	Yes
169	Other Room & Board - Other	Yes
170	Room & Board- Nursery	Yes
171	Room & Board- Nursery – Newborn	Yes
172	Room & Board- Nursery – Premature	Yes
175	Room & Board- Nursery – Neonatal ICU	Yes
179	Room & Board- Nursery - Other	Yes
190	Subacute Care	Yes
200	Intensive Care	Yes
201	Intensive Care – Surgical	Yes
202	Intensive Care – Medical	Yes
203	Intensive Care – Pediatric	Yes
204	Intensive Care – Psychiatric	Yes
205	Intensive Care – Post ICU	Yes
207	Intensive Care – Burn Treatment	Yes
208	Intensive Care – Trauma	Yes
209	Intensive Care – Other	Yes
210	Coronary Care	Yes
211	Coronary Care – Myocardial Infarction	Yes
212	Coronary Care – Pulmonary	Yes
213	Coronary Care – Heart Transplant	Yes
214	Coronary Care – Post CCU	Yes
219	Coronary Care – Other	Yes
224	Late discharge/Medically necessary	Yes
	Note: MCOs cover alcohol detoxification on a medical floor.	

Hospital Covered Services Table

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Code	General Hospital Emergency Department	Diagnosis Code Requirement
762	Observation room	Yes
Code	**General Hospital Outpatient**	**Diagnosis Code Requirement**
490	Ambulatory Surgery**	Yes
762	Observation room	Yes
900	Psychiatric Services General (Evaluation)	No
901	Electroconvulsive Therapy**	No
905	Intensive Outpatient Services – Psychiatric	No
906	Intensive Outpatient Services – Chemical Dependency	No
907	Community Behavioral Health Program (Day Treatment)	No
913	Partial Hospital	No
914	Individual Therapy	No
915	Group Therapy	No
916	Family Therapy	No
918	Psychiatric Service – Testing	Yes
919	Other - Med Admin	No
	Note: Includes outpatient provided by special care hospitals (e.g., Gaylord) **MCOs pay for all professional services charges (e.g., anesthesiologist) regardless of diagnosis, except psychiatrist charges.	
Code	**Psychiatric Hospital Inpatient (includes Riverview, CVH)**	**Diagnosis Code Requirement**
124	Room and Board-Psychiatric	No
126	Room & Board - Semi-Private/2 Bed - Detox	No
190	Subacute Care	No
224	Late discharge/Medically necessary	No
Code	**Psychiatric Hospital Outpatient**	**Diagnosis Code Requirement**
490	Ambulatory Surgery**	Yes
762	Observation room	No
900	Psychiatric Services General (Evaluation)	No
901	Electroconvulsive Therapy	No
905	Intensive Outpatient Services - Psychiatric	No

Hospital Covered Services Table

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906	Intensive Outpatient Services - Chemical Dependency	No
907	Community Behavioral Health Program (Day Treatment)	No
913	Partial Hospital-More Intensive	No
914	Psychiatric Service-Individual Therapy	No
915	Psychiatric Service-Group Therapy	No
916	Psychiatric Service-Family Therapy	No
918	Psychiatric Service-Testing	Yes
919	Other - Med Admin	No
	**MCOs pay for all professional services charges (e.g., anesthesiologist) regardless of diagnosis, except psychiatrist charges.	