



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2006-37

May 2006

TO: Hospitals and Mental Health Clinics

**SUBJECT: Connecticut Behavioral Health Partnership Transition Plan for
Authorization of Extended Day Treatment Services**

This bulletin outlines the processes and serves as advance notification to hospitals and mental health clinics of the schedule for implementing authorizations for extended day treatment programs **under the Connecticut Behavioral Health Partnership (CT BHP)**.

Effective June 1, 2006, prior authorization will be implemented for all extended day treatment services provided by hospitals and mental health clinics billable under the following revenue and procedure codes:

Code	Description
907	Community Behavioral Health Program (Day Treatment)
H2012	Extended Day Treatment

Prior authorization is required for these services for all dates of services on or after June 1, 2006. **When submitting claims for dates of service on or after June 1, 2006, the prior authorization number must be appropriately entered on the claim form.**

New admissions for Extended Day Treatment:

- All admissions on or after June 1, 2006 must be prior authorized. Providers are required to contact the CT BHP at 1-877-552-8247 to receive authorization.
- Continued stay reviews will also be required.

Members admitted to Extended Day Treatment prior to June 1, 2006:

- If a member remains in care beyond June 1, 2006, an authorization will be necessary for payment for dates of service on or after June 1, 2006. Providers must submit a census form (attached) indicating each member still in care on June 1st. This census form can be faxed to 1-866-584-4194 between June 1st and June 15th. This form will serve as the request for authorization and will document the member's continued inpatient treatment as of June 1, 2006.
- An authorization number will be issued and mailed once the census information has been processed.

Extended day treatment services provided by Federally Qualified Health Centers will continue in the “transitional courtesy period” as described in PB-2005-76 until further notice. All FQHC services including EDT services must be billed with the procedure cod T1015

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

Providers have inquiry access to EDS’ Authorization file located on the website www.ctmedicalprogram.com. Providers may 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 obtained 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.

There is no change to the authorization procedure for inpatient services provided by hospitals and psychiatric residential treatment facilities (PRTF). Hospitals and PRTFs must continue to obtain authorization from the CT BHP, but an authorization number will not be issued with the authorization notice. Inpatient authorizations will appear on the EDS WEB look-up, however, the authorization number that appears on the WEB look-up should be ignored and units will not be displayed. **Until further notice, claims for inpatient services must not include an authorization number.**

This bulletin and other program information can be found on 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	
Out-of-state or in the		EDS
Local New Britain, CT area	860-832-9259	PO Box 2991
		Hartford, CT 06104



