



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

PB 2007-05

February 2007

TO: Freestanding Mental Health Clinics

SUBJECT: Connecticut Behavioral Health Partnership Modification of Intermediate Program Services Classes

The purpose of this bulletin is to notify freestanding mental health clinic providers that provide intermediate program services under the Connecticut Behavioral Health Partnership (CTBHP) that each of the classes of intermediate program services has been modified to include coverage of a diagnostic assessment. Intermediate program services include partial hospital program (PHP), intensive outpatient program (IOP) and extended day treatment (EDT) levels of care. This change is being implemented because most intermediate program service clients require a diagnostic evaluation to determine whether an intermediate level program is appropriate for them. This change should reduce the administrative burden on providers by eliminating the need to obtain a separate registration for outpatient services for the evaluation in addition to obtaining authorization for the intermediate program services. Current Procedural Terminology (CPT) code 90801 (*Psychiatric diagnostic interview examination*) has been added to all intermediate program service classes.

Code 90801 has been added to each of the intermediate program classes retroactive to the date on which prior authorization began for each class. The CTBHP administrative service organization responsible for authorizing services has been instructed to establish the start date and units approved on new authorizations to encompass the evaluation. For existing authorizations, if the date of the evaluation is within the span authorized, the units have not been exhausted and the claim is within timely filing limits, the provider may submit a claim for the 90801 code under the existing authorization number. Providers who have existing authorizations that need one additional unit to permit payment for a screening evaluation and/or need an earlier start date to cover the screening evaluation must contact the CTBHP at 1-877-552-8247 to have the authorization modified. Providers are reminded that current Medicaid policy limits billing of code 90801 to one unit per year per billing provider.

Claims that are beyond timely filing must be submitted to EDS with a request to override timely filing and an explanation that identifies the claims as an evaluation for an intermediate level program. Appeals for CTBHP claims should be submitted to EDS, P.O. Box 2991, Hartford, CT 06104.



If the provider wishes to receive reimbursement for the evaluation, authorization must be requested, even if the client does not enter the program. Web registration should not be used for this purpose.

Note: All services provided under the CTBHP that require authorization or registration are assigned to one or more service classes. These classes identify the various services a provider can be approved to provide (e.g. Intensive Outpatient Program). Tables containing the service classes can be accessed at the CTBHP web site (www.ctbhp.com). From the home page, click on “for providers” and then select “Authorization Schedule” for “Freestanding mental health and substance abuse clinics”. For each service class, the table shows the category of service, the 5-byte service class designation, the procedure or revenue center codes covered in the class, descriptions of the services, and information about utilization management requirements.

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 in the
local Farmington, CT area **860-409-4500**

EDS
PO Box 2991
Hartford, CT 06104

