



**State of Connecticut
Department of Social Services
Medical Care Administration
25 Sigourney Street
Hartford, CT 06106-5033**

**Policy Transmittal 2007-05
April 2007**

PB 2007-21

Contact: Teddi Leslie Creel
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A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski
Commissioner

July 01, 2006
Effective Date

TO: Freestanding Mental Health Clinics, School Based Health Centers and Alcohol and Drug Centers

SUBJECT: Connecticut Behavioral Health Partnership Increased Rates and Fees

The purpose of this policy transmittal is to inform Mental Health Clinics, School Based Health Centers, and Alcohol and Drug Centers the rates and fees under the Connecticut Behavioral Health Partnership (CT BHP) have been increased by 1% retroactive for dates of services on or after July 1, 2006. The fee for case management (procedure code T1016) has been increased to \$15.00 retroactive for dates of services on or after July 1, 2006. Only Freestanding Mental Health Clinics are permitted to bill for case management.

Fee schedules

The CT BHP fee schedule posted to the Connecticut Medical Assistance Program Web site will not be changed to reflect these adjustments at this time. However, this transmittal will be posted to the Web site under "Behavioral Health Partnership Fee Schedule", "Updates", next to the 01/01/2006 fee schedule for your continued reference.

Providers can obtain further information regarding CT BHP covered services, fees, and authorization by going to the CT Behavioral Health Web site: www.ctbhp.com. From this web page go to "For Providers," then to "Covered Services/Fees" or "Authorization Schedule."

Modifiers

The following providers must bill using modifiers in accordance with the following table:

Provider type/specialty	Modifier
School Based Health Centers	UB
Mental Health Clinics when billing for Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)	HK

Retroactive Payment

Payment for any services that have been affected by this rate increase will be adjusted accordingly during the next EDS mass adjustment cycle. The mass adjustment cycle will only adjust claims in which the billed amount is greater than or equal to the applicable updated fee.

Billing Questions

For questions about billing or if further assistance is needed to access the fee schedules on the EDS Web site, contact 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 New Britain, CT area....860-409-4500

Posting Instructions: Policy transmittals and fee schedules can also be downloaded from the EDS Web site at www.ctmedicalprogram.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by Electronic Data Systems.

Responsible Unit: DSS, Medical Care Administration, Policy and Regulations, Teddi Leslie Creel, Medical Policy Consultant at 860-424-5393.

Date Issued: April 2007