



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

**Policy Transmittal 2008-16
June 2008**

PB 2008-39

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, 2007
Effective Date

TO: Alcohol and Drug Centers, Freestanding Mental Health Clinics, Home Health Agencies, Methadone Clinics, Psychiatric Residential Treatment Facilities, and School Based Health Centers

SUBJECT: Connecticut Behavioral Health Partnership Fee Schedule and Program Requirement Changes

The purpose of this policy transmittal is to inform providers serving Connecticut Behavioral Health Partnership (CT BHP) members that fees under the CT BHP have been increased retroactive for dates of services on or after July 1, 2007.

Selected evaluation and management codes have also been added to the Enhanced Care Clinic (ECC) fee schedule for dates of services on or after July 1, 2007 as noted in the table below:

CT BHP ECC Fee Schedule Code Additions		
Code	Description	July 1, 2007 Fee
99241	Office consultation for a new or established patient, approximately 15 minutes	\$ 50.69
99242	Office consultation for a new or established patient, approximately 30 minutes	\$ 92.71
99243	Office consultation for a new or established patient, approximately 40 minutes	\$ 126.80
99244	Office consultation for a new or established patient, approximately 60 minutes	\$ 184.76
99245	Office consultation for a new or established patient, approximately 80 minutes	\$ 229.59

Additional Program Requirements

The following new program requirements are effective July 1, 2008:

- Partial Hospitalization Programs provided by Community Mental Health Centers and Adult Day Treatment Programs provided by psychiatric and substance abuse facilities must be 4 or more hours in duration with at least 3.5 hours of documented clinical service.
- Intensive Outpatient Programs provided by psychiatric and substance abuse facilities must be 3 or more hours in duration with at least 2.5 hours of documented clinical service.
- Extended Day Treatment Programs for children must be 3 or more hours in duration with at least 2.5 hours of documented clinical service. Clinical service must include family engagement strategies and use of standardized measures of functioning.
- All of the above programs are required to provide an adult escort for children under 16 years of age. The parent or guardian may provide written consent for unescorted travel for children age 12 to 16.

Fee Schedules

The CT BHP fee schedule posted to the Connecticut Medical Assistance Program Website will not be changed to reflect these adjustments at this time. Providers can obtain further information regarding CT BHP covered services, fees, and authorization by going to the CT Behavioral Health Website: 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	*
Mental Health Clinics when billing for Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)	HK

*Note: School Based Health Centers are no longer required to bill using a modifier.

Retroactive Payment

Payment for any services that have been affected by these fee increases will be adjusted accordingly during EDS' mass adjustment cycle. The mass adjustment will only select claims where the billed amount is greater than or equal to the rate in effect when the claim is reprocessed.

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....860-269-2028

Posting Instructions: Provider bulletins can be downloaded from the web site at www.ctdssmap.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, Health Program Associate at 860-424-5393

Date Issued: June 2008