



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2010-04**

PB 2010-22  
 April 2010

Michael P. Starkowski, Commissioner

Effective Date: July 1, 2008  
 Contact: Teddi Leslie Creel (860) 424-5393

TO: Freestanding Mental Health Clinics

RE: Emergency Mobile Psychiatric Services Rate Increase and Required Use of Modifier

The purpose of this policy transmittal is to inform mental health clinics serving Connecticut Behavioral Health Partnership (CT BHP) members that fees for Emergency Mobile Psychiatric Services (EMPS) under the CT BHP have been increased for dates of services on or after July 1, 2008. The new fees are based upon the type of performing provider who is providing the service and whether the service is provided by a team. Coverage for EMPS is restricted to DCF EMPS contractors and their subcontractors and can only be provided to CT BHP members under 18 years of age.

**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. Providers can obtain further information regarding CT BHP covered services, current fees, and authorization by going to the CT Behavioral Health Web site: [www.ctbhp.com](http://www.ctbhp.com). From this web page go to "For Providers," then to "Covered Services/Fees."

**Modifiers**

The following table indicates the fee for these services based on the service code and appropriate modifiers:

Code	Modifier	Performing Provider	Fee
S9485	-	Clinician	\$175.00
S9485	HT	Team	\$255.00
S9484	-	Clinician	\$ 85.00
S9484	HM	Paraprofessional – Less than Bachelors	\$ 70.00
S9484	HN	Paraprofessional – Bachelors	\$ 70.00
S9484	HT	Team	\$125.00

Payment for previously paid services billed without a modifier will be adjusted during HP Enterprise Services (HP) mass adjustment cycle in June 2010.

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.

In order for providers to receive correct reimbursement at the new fee schedule amount for services performed by paraprofessionals and teams, HP will identify the universe of claims for the affected providers with the specified codes and distribute these spreadsheets to the affected providers after the June rate mass adjustment. The spreadsheets will identify the claims and show any rate adjustments that have occurred. The providers will identify on the spreadsheets any claims that need to have modifiers added and return the spreadsheets to HP no later than July 31, 2010. HP will then systematically process these adjustments including bypassing the timely filing edit as needed. Spreadsheets received after July 31, 2010 will not be processed.

**Billing Questions**

For questions, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440 or locally in the Farmington, CT area at (860) 269-2028.

**Posting Instructions:** Provider bulletins can be downloaded from the HP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

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

**Responsible Unit:** DSS, Medical Care Administration, Medical Policy Section, Teddi Leslie Creel, Policy Consultant, (860) 424-5393.

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