



**Connecticut Medical Assistance Program
Policy Transmittal 2010-25**

PB 2010-59
October 2010

Michael P. Starkowski, Commissioner

Effective Date: April 1, 2010
Contact: Nina Holmes @ 860-424-5486

TO: Free-standing Mental Health Clinics and Managed Care Organizations
RE: Group Therapy: Change in Maximum Group Size

The purpose of this policy transmittal is to notify providers of a change in the maximum number of clients for a group therapy visit. Effective for dates of service on or after April 1, 2010, the maximum number of Medicaid clients in a group therapy visit has been increased from eight (8) to twelve (12) participants.

This change applies to group therapy billed under procedure code 90853 [Group psychotherapy (other than of a multiple-family group)] by behavioral health clinics for routine outpatient services. This limitation does not apply to hospital outpatient services or Federally Qualified Health Centers (FQHC).

This limitation does not apply to multiple family groups or intermediate care programs. Intermediate care programs are multi-hour outpatient programs including, but not limited to, partial hospital programs, intensive outpatient programs, extended day treatment programs, day/evening treatment programs, and adult day treatment programs.

This change applies to services provided under the fee-for-service Medicaid program, which includes Medicaid Low Income Adults (MLIA), and the HUSKY A, HUSKY B and Charter Oak programs.

Posting Instructions: Policy transmittals 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 HP Enterprise Services. Managed Care Organizations are requested to send this bulletin to their network providers and subcontractors.

Responsible Unit: DSS, Medical Care Administration, Medical Policy Section; Nina Holmes, Policy Consultant, (860) 424-5486.

Date Issued: October 2010