Connecticut Medical Assistance Program

PB 2012-01
Policy Transmittal 2012-01
March 2012

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2012
Contact: Paul Piccione @ 860-424-5160

TO: Acute Care Hospitals, Psychiatric Hospitals and State Institutions
RE: Transition from Revenue Center Code 513 to More Precise Coding for Hospital Outpatient Psychiatric Services

The purpose of this policy transmittal is to inform hospital providers of a change in how they must submit claims for outpatient psychiatric clinic visits effective for dates of service on or after January 1, 2012 for clients covered by HUSKY C and HUSKY D (formerly referred to as Medicaid fee-for-service and Medicaid for Low Income Adults, respectively).

Effective for dates of service on or after January 1, 2012, Revenue Center Code (RCC) 513 will no longer be reimbursable. The Department is discontinuing the use of the general psychiatric clinic service code and replacing it with the more specific RCCs 914, 915 and 916 for individual therapy, group therapy and family therapy, respectively. RCC 919 (Other behavioral treatment/service) will be available only for medication management services. This transition permits greater accuracy in claiming, reporting and pricing these various outpatient psychiatric services. Whereas RCC 513 paid a uniform rate regardless of which service was provided at the clinic visit, codes 914, 915, 916 and 919 will each have its own rate.

Providers who currently do not have RCCs 914, 915, 916 or 919 available to them do not need to request that these codes be added to their list of billable codes. The Department will automatically add these codes to all providers who currently have RCC 513 as an active code. Updated rate letters will be sent to each hospital reflecting the addition of these codes and the associated reimbursement.

Providers do not need to take any action to modify existing authorizations for routine hospital outpatient services in response to this change. Authorizations for routine hospital outpatient services will automatically include these codes.

Fee Schedule: For dates of service on or after January 1, 2012, hospital outpatient fees have been modified. To access fees, please go to www.ctbhp.com. From this web page, select "For Providers", then select "Covered Services". From that page select the applicable fee schedule.

Claims: Effective immediately, hospital providers should stop submitting claims for RCC 513 for dates of service on or after January 1, 2012. Claims that have been paid using RCC 513 for dates of service on or after January 1, 2012 will be recouped. For claims with multiple details, only the detail(s) of the claim specific to RCC 513 will be recouped. Providers will be required to resubmit recouped claims or details of claims using the more specific RCCs for these dates. HP will provide more detail of the recoupment process on the "Important Messages" section of the www.ctdssmap.com Web site and in provider Banner Messages as information becomes available.

The Department is not changing how it defines or how providers should bill for or authorize the following RCCs:

- 900 (Comprehensive Evaluation),
- 901 (Electroshock Treatment),
- 905 (Intensive outpatient service-psychiatric),
- 906 (Intensive outpatient service- chemical dependency),
- 907 (Extended Day Treatment),
- 913 (Partial Hospitalization) or
- 918 (Testing).

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com

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

Responsible Unit: DSS, Medical Care Administration, Paul Piccione, Behavioral Health Unit at (860) 424-5160.

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