



Connecticut Medical Assistance Program

Policy Transmittal 2012-04

Roderick L. Bremby, Commissioner

PB 2012-13

March 2012

Effective Date: January 1, 2012

Contact: Nina Holmes @ 860-424-5486

TO: Physicians, Physician Assistants and Advanced Practice Registered Nurses (APRN)
RE: Physician Fee Schedule Updates: Updated fees for Psychiatric and Selected Adult Medical Services

The purpose of this policy transmittal is to inform providers of two updates to the physician office and outpatient fee schedule for claims with dates of service January 1, 2012 and forward.

Formerly the Department utilized a separate fee schedule when reimbursing physician psychiatric services rendered to individuals enrolled under the HUSKY A and B and Charter Oak programs. Effective retroactive to dates of service January 1, 2012 this separate fee structure has been eliminated and providers will be reimbursed off of the Physician Office and Outpatient fee schedule located at www.ctdssmap.com for all services rendered to individuals enrolled under HUSKY A, B, C and D, and the Charter Oak programs.

Additionally, effective for dates of service retroactive to January 1, 2012 and forward the Department has updated fees for select office consultation and office and outpatient procedure codes. The new fees do not apply to obstetrical or pediatric services, as noted in the fee schedule instructions. The new fees apply to services rendered to all individuals enrolled under the HUSKY A, B, C and D and Charter Oak programs.

The fees that have been updated are listed on the attachment. In the future, please refer to the updated fee schedule for the applicable fees. The posting of the updated fee schedule is targeted for mid April.

Please note HP will automatically identify all previously paid claims with dates of service on or after January 1, 2012 and reprocess them according to the new fees.

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download", then select "Physician Office and Outpatient" fee schedule. To access the CSV file press the control key while clicking the CSV link, then select "Open".

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, 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.

Accessing the Behavioral Health Covered Services and Authorization Schedule:

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

Posting Instructions: Holders of the Connecticut Medical Assistance Program Provider Manual should replace their existing fee schedule with the new schedule. Policy transmittals can also be downloaded from the Connecticut Medical Assistance Program 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.

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

Date Issued: March 2012.

MD Fee Schedule – Effective January 1, 2012

Procedure Code Description	Proc Code	Revised Fee
Diagnostic Interview	90801	\$ 147.50
Interactive Diagnostic Interview	90802	\$ 157.20
Individual Psychotherapy-Office or other Outpatient (20-30 min)	90804	\$ 61.51
Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	90805	\$ 61.19
Individual Psychotherapy-Office or other Outpatient (45-50 min)	90806	\$ 90.17
Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	90807	\$ 85.70
Individual Psychotherapy-Office or other Outpatient (75-80 min)	90808	\$ 135.19
Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	90809	\$ 130.97
Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	90810	\$ 67.27
Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	90811	\$ 76.72
Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	90812	\$ 98.97
Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	90813	\$ 106.69
Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	90814	\$ 142.49
Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	90815	\$ 148.88
Individual Psychotherapy-Facility Based (20-30 min)	90816	\$ 36.97
90816 with medical evaluation and management	90817	\$ 43.84
Individual psychotherapy, insight oriented 45-50 minutes	90818	\$ 55.52
90818 with medical evaluation and management	90819	\$ 65.03
Individual Psychotherapy-Facility Based (75-80 min)	90821	\$ 82.08
Individual Psychotherapy-Facility Based (75-80 min) with med management	90822	\$ 112.20
Interactive Individual Psychotherapy-Facility Based (20-30 min)	90823	\$ 65.54
Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	90824	\$ 71.89
Interactive Individual Psychotherapy-Facility Based (45-50 min)	90826	\$ 97.08
Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	90827	\$ 100.68
Interactive Individual Psychotherapy-Facility Based (75-80 min)	90828	\$ 140.66
Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	90829	\$ 144.48
Family Psychotherapy (without the patient present)	90846	\$ 88.97
Family Psychotherapy (conjoint)	90847	\$ 109.60
Multi-group family psychotherapy	90849	\$ 32.26
Group Psychotherapy	90853	\$ 34.13
Interactive Group psychotherapy	90857	\$ 41.93
Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	90862	\$ 47.15
Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	90865	\$ 154.82
Electroconvulsive therapy (including necessary monitoring); single seizure	90870	\$ 94.63
Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	90875	\$ 77.43
Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	90876	\$ 112.04
Hypnotherapy	90880	\$ 114.04
Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	90887	\$ 82.29
Psychological testing, per hour	96101	\$ 88.29
Developmental testing with report	96110	\$ 18.00
Developmental testing, extended	96111	\$ 87.23
Neuropsychological testing battery, per hour	96118	\$ 115.44
Office or other outpatient visit, 10 minutes, new patient	99201	\$ 25.94
Office or other outpatient visit, 20 minutes, new patient	99202	\$ 44.98
Office or other outpatient visit, 30 minutes, new patient	99203	\$ 66.40
Office or other outpatient visit, 45 minutes, new patient	99204	\$ 100.17
Office or other outpatient visit, 60 minutes, new patient	99205	\$ 125.34
Office or other outpatient visit, 5 minutes, established patient	99211	\$ 14.94
Office or other outpatient visit, 10 minutes, established patient	99212	\$ 26.83
Office or other outpatient visit, 15 minutes, established patient	99213	\$ 42.93
Office or other outpatient visit, 25 minutes, established patient	99214	\$ 64.99
Office or other outpatient visit, 40 minutes, established patient	99215	\$ 87.60
Observation care discharge	99217	\$ 41.12

Initial observation care, low severity	99218	\$ 38.25
Initial observation care, moderate severity	99219	\$ 63.95
Initial observation care, high severity	99220	\$ 88.97
Inpatient hospital care, 30 minutes	99221	\$ 53.47
Inpatient hospital care, 50 minutes	99222	\$ 73.37
Inpatient hospital care, 70 minutes	99223	\$ 106.65
Subsequent hospital care, 15 minutes	99231	\$ 22.33
Subsequent hospital care, 25 minutes	99232	\$ 39.25
Subsequent hospital care, 35 minutes	99233	\$ 55.76
Observation of inpatient hospital care, low severity	99234	\$ 76.75
Observation of inpatient hospital care, moderate severity	99235	\$ 101.29
Observation of inpatient hospital care, high severity	99236	\$ 208.26
Hospital discharge day management 30 minutes or less	99238	\$ 40.83
Hospital discharge day management more than 30 minutes	99239	\$ 58.76
Office consultation for a new or established patient, approximately 15 minutes	99241	\$ 35.28
Office consultation for a new or established patient, approximately 30 minutes	99242	\$ 64.53
Office consultation for a new or established patient, approximately 40 minutes	99243	\$ 88.26
Office consultation for a new or established patient, approximately 60 minutes	99244	\$ 128.93
Office consultation for a new or established patient, approximately 80 minutes	99245	\$ 159.80
Initial inpatient consultation, 20 minutes	99251	\$ 28.09
Initial inpatient consultation, 40 minutes	99252	\$ 45.41
Initial inpatient consultation, 55 minutes	99253	\$ 66.93
Initial inpatient consultation, 80 minutes	99254	\$ 96.53
Initial inpatient consultation, 110 minutes	99255	\$ 120.07
Emergency department visit, minor severity	99281	\$ 11.87
Emergency department visit, low to moderate severity	99282	\$ 22.49
Emergency department visit, moderate severity	99283	\$ 36.78
Emergency department visit, high severity	99284	\$ 66.77
Emergency department visit, high severity with significant threat	99285	\$ 99.99
Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes*****	99406	\$ 7.56
Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes*****	99407	\$ 20.66
Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	M0064	\$ 32.91
Case Management - Coordination of health care services - each 15 min. - under 19	T1016	\$ 15.00