



Connecticut Medical Assistance Program
Policy Transmittal 2013-39

PB 2014-03
January 2014

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2014
Contact: Paul Piccione @ (860) 424-5160

TO: Behavioral Health Clinics and Enhanced Care Clinics

RE: Behavioral Health Clinic Fee Schedule Update

Effective for dates of service January 1, 2014 and forward, the Department of Social Services is incorporating the 2014 HCPCS changes (additions, deletions, and description changes) to its clinic fee schedules. The Department is making these changes to ensure that the clinic fee schedules remain compliant with the Health Insurance Portability and Accountability Act. The changes apply to services reimbursed under all the HUSKY Health plans. Prior Authorizations Requirements are indicated on the Connecticut Behavioral Health Partnership's Authorization Schedule for Freestanding Mental Health/Substance Abuse Clinics. The Authorization Schedule is available at www.ctbhp.com.

In conjunction with the annual update, The Department of Social Services is adjusting its fees for injectable procedure codes.

Reimbursement of J codes

The reimbursement rates for the J drug codes have been revised to equal 100% of the April 2013 Medicare rates, effective January 1, 2014, for codes that are priced by Medicare.

Neurobehavioral Status Exam

Effective January 1, 2014, procedure code 96116 is being added to the Behavioral Health Clinic fee schedule. Procedure code 96116 is defined as *Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g. acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time both face-to-face time with the patient and time interpreting test results and preparing the report*. Prior authorization is required. There is no payment differential for Enhanced Care Clinics for this service.

Accessing the Fee Schedule:

The updated clinic fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee

Schedule Download", then to the appropriate "clinic" 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 800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com. Holders of the Connecticut Medical Assistance Program Provider Manual should replace their existing fee schedules with the new schedules.

The Department had hoped to post the new fee schedule before the end of December; however, due to a delay in receipt of files from CMS the fee schedule will not be posted until mid-January. All fees will be effective January 1, 2014 regardless of when the fee schedule is actually posted. Any paid claims that process with current fees will be mass adjusted after the new fees are loaded to the system. Providers will be notified via a banner message when the claims are adjusted. No action is required on the part of the provider.

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

Responsible Unit: DSS, Division of Health Services, Behavioral Health Unit, Paul Piccione, Consulting Psychologist, at 860-424-5160.

Date Issued: January 2014