



**Connecticut Department of Social Services  
Medical Assistance Program  
Provider Bulletin**

**PB 2005-76E**

**December 2005**

**TO: Licensed Clinical Social Workers, Licensed Marital and Family Therapists, Licensed Professional Counselors, Licensed Alcohol and Drug Counselors, and Managed Care Organizations**

**SUBJECT: New Connecticut Behavioral Health Partnership**

The Department of Social Services (DSS) and the Department of Children and Families (DCF) are pleased to announce that the new Connecticut Behavioral Health Partnership (CT BHP) for children and families in the HUSKY A and HUSKY B programs and children that are DCF funded will begin January 1, 2006.

This bulletin provides important program information including: provider enrollment requirements; client eligibility information; authorization and registration processes; and claims submission procedures for the Connecticut Behavioral Health Partnership (CT BHP).

Effective with dates of service January 1, 2006 and forward, the Managed Care Organizations, or their subcontractors, will no longer manage or pay claims **for behavioral health services**. An Administrative Services Organization (ASO), under contract with the Department of Social Services and Department of Children and Families, will authorize and manage the behavioral health services of HUSKY A, HUSKY B and DCF funded clients under the CT BHP. Electronic Data Systems (EDS) will process behavioral health claims specifically for eligible HUSKY A, HUSKY B and DCF funded clients for claims with dates of service of January 1, 2006 forward.

*There are no changes to the behavioral health benefit, prior authorization or claim submission requirements for clients enrolled in the Medicaid Fee for Service and State Administered General Assistance (SAGA) Programs. These clients are not included under the CT BHP.*

**Provider Enrollment - How do I enroll to participate as a CT BHP Provider?**

Providers that wish to be reimbursed for behavioral health services under the CT BHP must be enrolled as a Connecticut Medical Assistance Program provider. **Providers who are currently enrolled to provide services to clients in the Connecticut Medical Assistance Program do not need to take any action.**

Providers who are enrolled may receive in the mail a provider data verification form (PDV) from the CT BHP ASO. The PDV must be completed and returned to the CT BHP ASO at 500 Enterprise Drive, Suite 4D, Rocky Hill, CT 06067 Attn: Provider Relations, in order to help ensure timely and accurate authorization, referrals, and claims processing. For assistance with completing the PDV please contact the CT BHP ASO Provider Relations Department at 1-877-552-8247.

Providers who wish to enroll should obtain an enrollment application by contacting the EDS Provider Assistance Center at the numbers listed at the end of this bulletin or by writing to: EDS, Provider Enrollment Unit, P.O. Box 5007, Hartford, CT 06104. Enrollment questions should be directed to the EDS Provider Assistance Center at the telephone number listed at the end of this bulletin.

## **Client Eligibility - How do I verify the client's eligibility?**

EDS has the following tools for providers to verify client eligibility:

- **Web Eligibility Verification**

Enrolled providers may verify client eligibility through the Connecticut Medical Assistance Program website at [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com). Providers can log into the web eligibility system by clicking on “Eligibility Verification” → “Eligibility Verification and RA download” and enter their Provider ID # and Password. Initial web logon passwords can be obtained by contacting the EDS Provider Assistance Center at the phone number at the end of this bulletin.

- **Provider Electronic Solutions**

Provider Electronic Solutions is free software provided by EDS for the submission of eligibility verification and claim transactions. This software is extremely helpful to those providers who, over time, will verify eligibility multiple times for the same client. A client database is developed which allows the provider to resubmit an eligibility request for the same client with a different date of service with little effort. The software may be downloaded from the website [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) by clicking on “EDI” → “EDI Software” or ordered on CD by calling the EDS EDI Department at 1-800-688-0503 or local to New Britain at 860-827-1439.

- **Automated Voice Response System (AVRS)**

Enrolled providers may verify client eligibility through EDS' Automated Voice Response System (AVRS). Providers must be an actively enrolled Connecticut Medical Assistance Program Provider and must be assigned an AVRS ID and PIN # to utilize the automated system. AVRS ID #'s can be obtained by contacting the EDS Provider Assistance Center. PIN #'s are created by the individual user accessing the system. The AVRS can be accessed by dialing in-state toll free at (800) 842-8440 or local to New Britain at (860) 832-9259.

## **How do I know if a client is eligible for CT Behavioral Health Partnership services?**

It is critical to verify client eligibility prior to rendering a service. The following eligibility responses will be returned for clients eligible for CT Behavioral Health Partnership services:

- **Husky A Clients:**

“Managed Care Client with “MCO Plan” call “*telephone number*”. Husky A client, for behavioral health services call CT BHP at 1-877-552-8247.”

- **Husky B Clients:**

“Managed Care Client with “MCO Plan” call “*telephone number*”. Husky B client, for behavioral health services call CT BHP at 1-877-552-8247.”

- **DCF Funded Clients:**

“Client eligible for limited behavioral health services only. Contact CT BHP at 1-877-552-8247 ”

Behavioral health service claims for these clients must be submitted to EDS for processing for dates of service on or after January 1, 2006. Medical services will continue to be processed by the clients' Managed Care Organization.

## **What services are covered under the CT Behavioral Health Program for HUSKY A and B clients?**

The CT BHP covers specific procedure codes/services that your provider type/specialty can provide and be reimbursed for. These specific codes can be found on the Fee Schedule located on the website [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) by clicking on “Publications” → “Fee Schedules” → “Behavioral Health Partnership” → “click on “Bookmarks” on the left hand side of the first fee schedule that appears, then select your provider type. This fee schedule provides the specific procedure codes or services that the CT BHP will cover. A listing by provider type without the fees is also attached. *Please note that the asterisks (\*) on the fee schedules, which indicate that the procedure requires authorization or registration, are not applicable at this time.*

*Services and reimbursement for non-CT BHP clients under Medicaid fee for service or the State Administered General Assistance (SAGA) Programs will remain unchanged.*

## **What services are covered under the CT Behavioral Health Program for non-HUSKY DCF Funded Clients who have been granted “limited behavioral health services”?**

As of January 1, 2006, the CT BHP will only cover Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) provided by DCF certified providers. Providers will be notified as other services are added to the benefits available to non-HUSKY DCF Funded Clients.

## **Are there diagnosis code requirements on CT BHP claims?**

Yes, there are specific diagnosis code requirements that correspond to the specific CT BHP procedure codes/services to be payable under CT BHP and are identified in the attachment to this bulletin. If the client does not have the specific diagnosis for the procedure codes/services then the claim should be forwarded to the appropriate Managed Care Organization.

## **Which CT BHP services require Authorization or Registration?**

Not all behavioral health services will require authorization or registration from the CT BHP ASO. Behavioral health services that require authorization or registration will be identified in the provider fee schedule with an asterisk (\*).

***Note well:*** *No authorization or registration will be required for any CT BHP covered services during the transitional courtesy period, which begins January 1, 2006. During this transitional courtesy period, providers may bill EDS directly for services without authorization or registration. Authorization and registration requirements will be phased in on a schedule to be determined. Providers will be notified in advance of the schedule for implementing authorizations and registrations. The schedule will also be posted at [www.CTBHP.com](http://www.CTBHP.com).*

## **How do I verify if an Authorization is on file with EDS?**

Once authorization requests become effective, providers will have inquiry access to EDS' Authorization file located on the website [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com). Providers will access this tool by clicking on “Eligibility Verification” → “Web (includes RA download)” → “Eligibility Verification and RA download”. Providers must enter their 9-digit provider number as the user ID and their assigned password. Initial web logon passwords can be assigned by contacting the EDS Provider Assistance Center.

Authorizations that have been approved or denied will be available to view. The Authorization record will also display units used, which will be updated after each claims processing cycle.

### **How do I submit claims electronically to EDS?**

Electronic claim submission is the most efficient method of claims submission. EDS' free Provider Electronic Solutions software is a great tool to submit your claims electronically. This software allows providers to copy previously submitted claims, change dates of service or procedure codes, and submit the new claim with little effort. Providers interested in electronic claims submission may contact the EDS EDI department at 1-800-688-0503 or local to New Britain at 860-827-1439, or access our website [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) by clicking on "EDI" for more information.

### **Where do I submit my paper claims?**

CT BHP providers rendering CT BHP specific services to HUSKY A, HUSKY B and DCF clients may send their paper claims to the following addresses:

**UB-92 Claims:** EDS  
P.O. Box 2961  
Hartford, CT 06104

**CMS-1500 Claims:** EDS  
(Formerly HCFA-1500) P.O. Box 2941  
Hartford, CT 06104

### **What is the timely filing requirement for submitting CT BHP claims to EDS?**

Providers rendering CT BHP services to eligible HUSKY A, HUSKY B and DCF clients have **120-days** from the date of service, or 120 days from the date of payment from a third party payer, for submitting claims to EDS. In addition, providers will have **60-days** from the denial of a CT BHP claim (for other than timely filing) to resubmit the claim for payment.

*Timely filing requirements for non-CT BHP clients under Medicaid or the State Administered General Assistance Programs will remain unchanged.*

### **How often does EDS process claims?**

EDS processes claims twice per month. The claims processing cycle schedule is posted on the website [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) by clicking on "EDI" → "Claim Submission Schedule".

### **Provider Remittance Advice (RA) and Publications:**

All claims processed by EDS are reported to the provider on a bimonthly RA. RAs provide comprehensive information about claims that are paid, denied, in process, and adjusted. This information is produced based on a provider's claim activity. The RA also contains information on processed financial transactions. Providers can view, search, download and print their RA on the website [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) by clicking on "Eligibility Verification" → "Eligibility Verification and RA download". Providers must enter their 9-digit provider number as the user ID and their assigned password. Initial web logon passwords can be assigned by contacting the EDS Provider Assistance Center. For information about the RA, refer to Chapter 5 of your provider manual, Claim Submission Information located on the website [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) by clicking on "Publications" → "Provider Manuals".

Providers may also receive the HIPAA compliant electronic ASC X12N 835 Payment/Advice. For information about electronic RAs, refer to Chapter 6 of your provider manual, Electronic Data Interchange Options.

Providers can also utilize the Connecticut Medical Assistance Program website to access bulletins, forms, and other resources by clicking on “Publications”. Questions regarding accessing or using the Connecticut Medical Assistance Program website can be directed to the EDS Provider Assistance Center.

Answers to frequently asked questions can be viewed on the CT BHP website at [www.CTBHP.com](http://www.CTBHP.com) as they become available. Questions about the Behavioral Health Partnership can be directed to the CT BHP at 1-877-552-8247 or [www.CTBHP.com](http://www.CTBHP.com).

**Managed Care Organizations are requested to forward this bulletin to all contracted providers.**

This bulletin and other program information can be found at [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com).

Questions regarding this bulletin may be directed to the EDS Provider Assistance Center - Monday through Friday from 8:30 a.m. to 5:00 p.m. at:

In-state toll free ..... **800-842-8440** or

Out-of-state or

local to New Britain, CT area ... **860-832-9259**

EDS

PO Box 2991

Hartford, CT 06104



## Independent Practice Behavioral Health Professionals Covered Services Table

### Diagnosis Code Requirement Legend:

No = No Diagnosis Code Restrictions

Yes = Restricted to Diagnosis Codes 291-316 ONLY

If the diagnosis code requirement indicates "Yes", then the client must have a diagnosis in the range indicated above for the corresponding RCC/HCCPC in order to be covered by the CT BHP. If the clients diagnosis is not in the range indicated above, the claim is not considered a CT BHP claim and should be submitted to the clients respective Managed Care Organization following their coverage guidelines for payment.

Code	Independent Practice Behavioral Health Professional (LCSW, LMFT, LPC, LADC)	Diagnosis Code Requirement
90801	Diagnostic Interview	No
90802	Interactive Diagnostic Interview	No
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	No
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	No
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	No
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	No
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	No
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	No
90816	Individual Psychotherapy-Facility Based (20-30 min)	No
90818	Individual psychotherapy, insight oriented 45-50 minutes	No
90821	Individual Psychotherapy-Facility Based (75-80 min)	No
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	No
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	No
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	No
90846	Family Psychotherapy (without the patient present)	No
90847	Family Psychotherapy (conjoint)	No
90849	Multi-group family psychotherapy	No
90853	Group Psychotherapy	No
90857	Interactive Group psychotherapy	No
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	No
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	No
90880	Hypnotherapy	No
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	No
96110	Developmental testing with report	No
96111	Developmental testing, extended	No
T1016	Case Management - Coordination of health care services - each 15 min.	No