



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

PB 2005-76G

December 2005

TO: Psychiatrists, Psychiatric Nurse Practitioners

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. 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 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 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.*

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. 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 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 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 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 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 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.

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.

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



Psychiatrist and Nurse Practitioner 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	Psychiatrist (MD or DO) and Psychiatric APRN	Diagnosis Code Requirement
90801	Diagnostic Interview	No
90802	Interactive Diagnostic Interview	No
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	No
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	No
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	No
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	No
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	No
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	No
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	No
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	No
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	No
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	No
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	No
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	No
90816	Individual Psychotherapy-Facility Based (20-30 min)	No
90817	90816 with medical evaluation and management	No
90818	Individual psychotherapy, insight oriented 45-50 minutes	No
90819	90818 with medical evaluation and management	No
90821	Individual Psychotherapy-Facility Based (75-80 min)	No
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	No
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	No
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	No
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	No
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med	No
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	No
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	No

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Code	Psychiatrist (MD or DO) and Psychiatric APRN	Diagnosis Code Requirement
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
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	No
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	No
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	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
96101	Psychological testing, per hour	No
96110	Developmental testing with report	No
96111	Developmental testing, extended	No
96118	Neuropsychological testing battery, per hour	Yes
99201	Office or other outpatient visit, 10 minutes, new patient	No
99202	Office or other outpatient visit, 20 minutes, new patient	No
99203	Office or other outpatient visit, 30 minutes, new patient	No
99204	Office or other outpatient visit, 45 minutes, new patient	No
99205	Office or other outpatient visit, 60 minutes, new patient	No
99211	Office or other outpatient visit, 5 minutes, established patient	No
99212	Office or other outpatient visit, 10 minutes, established patient	No
99213	Office or other outpatient visit, 15 minutes, established patient	No
99214	Office or other outpatient visit, 25 minutes, established patient	No
99215	Office or other outpatient visit, 40 minutes, established patient	No
99217	Observation care discharge	No
99218	Initial observation care, low severity	No
99219	Initial observation care, moderate severity	No
99220	Initial observation care, high severity	No
99221	Inpatient hospital care, 30 minutes	No
99222	Inpatient hospital care, 50 minutes	No

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Code	Psychiatrist (MD or DO) and Psychiatric APRN	Diagnosis Code Requirement
99223	Inpatient hospital care, 70 minutes	No
99231	Subsequent hospital care, 15 minutes	No
99232	Subsequent hospital care, 25 minutes	No
99233	Subsequent hospital care, 35 minutes	No
99234	Observation of inpatient hospital care, low severity	No
99235	Observation of inpatient hospital care, moderate severity	No
99236	Observation of inpatient hospital care, high severity	No
99238	Hospital discharge day management 30 minutes or less	No
99239	Hospital discharge day management more than 30 minutes	No
99241	Office consultation for a new or established patient, approximately 15 minutes	No
99242	Office consultation for a new or established patient, approximately 30 minutes	No
99243	Office consultation for a new or established patient, approximately 40 minutes	No
99244	Office consultation for a new or established patient, approximately 60 minutes	No
99245	Office consultation for a new or established patient, approximately 80 minutes	No
99251	Initial inpatient consultation, 20 minutes	No
99252	Initial inpatient consultation, 40 minutes	No
99253	Initial inpatient consultation, 55 minutes	No
99254	Initial inpatient consultation, 80 minutes	No
99255	Initial inpatient consultation, 110 minutes	No
99271	Confirmatory consultation, limited or minor	No
99272	Confirmatory consultation, low severity	No
99273	Confirmatory consultation, moderate severity	No
99274	Confirmatory consultation, moderate to high severity	No
99275	Confirmatory consultation, high severity	No
99281	Emergency department visit, minor severity	No
99282	Emergency department visit, low to moderate severity	No
99283	Emergency department visit, moderate severity	No
99284	Emergency department visit, high severity	No
99285	Emergency department visit, high severity with significant threat	No
J1630	Injection, Haloperidol, up to 5 mg	No
J1631	Injection, Haloperidol decanoate, per 50 mg	No
J2680	Injection, Fluphenazine decanoate, up to 25 mg	No
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions	No
T1016	Case Management - Coordination of health care services - each 15 min.	No