



State of Connecticut  
Department of Social Services  
Medical Care Administration  
25 Sigourney Street  
Hartford, CT 06106-5033

PB 2008-28

Policy Transmittal 2008-13  
May 2008

Contact: Timothy Bowles  
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A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski  
Commissioner

January 1, 2008  
Effective Date

**TO: Mental Health Clinics, Methadone Maintenance Clinics and Alcohol and Drug Centers**

**SUBJECT: Updated Community Clinic Fee Schedules**

The purpose of this policy transmittal is to inform Mental Health Clinics and Alcohol and Drug Centers that updated fee schedules for the Medicaid fee-for-service program will be effective with dates of service on or after January 1, 2008. These revisions are intended to implement Medicaid fee increases that were provided pursuant to Public Act No. 07-185. If applicable, paid claims for dates of service on or after January 1, 2008 will be adjusted to reflect the retroactive fee increase. You will be notified by EDS when the adjustment will occur.

#### **Home-based services**

Please note that procedure codes have been added to the Mental Health Clinic fee schedule to provide coverage for home-based services. Home-based services include Multi-Systemic Therapy (MST), Multi-Dimensional Family Therapy (MDFT), Functional Family Therapy (FFT), Family Support Teams (FST), and Intensive In-Home Children and Adolescent Psychiatric Services (IICAPS). Providers should bill using CPT code H2019 for the rehabilitative portion of home-based services and T1017 for the case management component of home-based services. Claims for IICAPS services must be billed with modifier HK (specialized mental health programs for high-risk populations) in order to ensure payment at the appropriate rate (refer to the Connecticut Behavioral Health Partnership rate). The procedure codes are effective for dates of service on or after January 1, 2008.

#### **Day program services**

The following day program rates are effective for dates of service on or after January 1, 2008. These rates are applicable to all providers who have previously been approved by the Department of Social Services to provide these services. Partial Hospital Services are provided by a Community Mental Health Center (CMHC) certified by the Centers for Medicare and Medicaid Services. Any

other mental health or substance abuse program of 4 or more hours duration provided by a mental health or substance abuse facility licensed by the Department of Public Health shall be referred to as Adult Day Treatment. The procedure code (H2012) for Extended Day Treatment (child) is new and is effective for dates of service on or after January 1, 2008.

<b>Service</b>	<b>Code</b>	<b>Rate</b>
Partial Hospitalization - CMHC	H2013	\$233.31
Adult Day Treatment – Non-CMHC	H2013	\$172.00
Intensive Outpatient - Mental Health	S9480	\$137.50
Intensive Outpatient - Substance Abuse	H0015	\$137.50
Extended Day Treatment (child)	H2012	\$ 70.00

**Note:** Effective for dates of service on or after July 1, 2008, partial hospital services provided by a CMHC certified by the Centers for Medicare and Medicaid Services **must bill with procedure code H0035 (Mental Health Partial Hospitalization, less than 24 hours)**.

The following new day program requirements are effective July 1, 2008:

- Partial Hospitalization Programs provided by Community Mental Health Centers and Adult Day Treatment Programs provided by Mental Health/Substance Abuse Clinics must be 4 or more hours in duration with at least 3.5 hours of documented clinical service.
- Intensive Outpatient Programs provided by Mental Health/Substance Abuse Clinics must be 3 or more hours in duration with at least 2.5 hours of documented clinical service.
- Extended Day Treatment Programs for children must be 3 or more hours in duration with at least 2.5 hours of documented clinical service. Clinical service must include family engagement strategies and use of standardized measures of functioning.
- All of the above programs are required to provide an adult escort for clients under 16 years of age.

**Other activities**

Pending CMS approval, the Department intends to make an additional supplemental payment and also to extend Enhanced Care Clinic status to Mental Health Clinics under the Medicaid FFS program during SFY09. Additional information regarding these activities will be provided at a later date.

**Accessing the Fee Schedule:**

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider”, then to “Provider Fee Schedule Download”, then to “Clinic”, then to “01/01/2008” for the mental health fee schedule, methadone maintenance fee schedule, or outpatient alcohol treatment program fee schedule.

**For questions about billing or if further assistance is needed to access the fee schedule on the EDS Web site, contact the EDS Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at:**

**In state toll free.....800-842-8440 or  
Out of state or in the local Farmington, CT area.....860-269-2028**

**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 Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by Electronic Data Systems. Managed Care Organizations are requested to send this bulletin to their network providers and subcontractors.

**Responsible Unit:** DSS, Medical Care Administration, Medical Policy Section, Timothy Bowles, Lead Planning Analyst at 860-424-4984.

**Date Issued:** May 2008