



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2012-28**

PB 2012-70  
 December 2012

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2013  
 Contact: Nina Holmes @ 860-424-5486

TO: Behavioral Health, Medical and Rehabilitation Clinics  
 RE: Incorporation of the 2013 Healthcare Common Procedure Coding System (HCPCS) Changes

The purpose of this policy transmittal is to inform providers that effective January 1, 2013 the Department of Social Services is incorporating the 2013 HCPCS deletions, replacement codes and description changes into the applicable Behavioral Health, Medical and Rehabilitation Clinic Fee Schedules under the HUSKY Health program. The HUSKY Health program includes HUSKY A, HUSKY B, HUSKY C, HUSKY D and the Charter Oak programs.

The Department is making these changes to ensure that the Clinic Fee Schedules remain compliant with the Health Insurance Portability and Accountability Act.

**Psychotherapy Changes:**

Please note there have been significant changes to the procedure codes used for psychiatric diagnostic evaluations, pharmacological management (with no more than minimal psychotherapy) and some of the psychotherapy services. Please carefully review the procedure codes listed and be sure to use them in a HIPAA compliant manner. Clinics must maintain appropriate documentation to support each service for which they bill.

**Psychotherapy Fees:**

Whenever new codes are added there is a challenge to price them in a way that is fair to the providers while remaining fiscally neutral for the state. This year is no exception. At times there is a single code being added that corresponds to a single code being deleted. For example, 90834: "Psychotherapy 45 minutes" is an approximate replacement for 90806 "Individual psychotherapy...approximately 45-50 minutes". In these circumstances, the replacement code is being priced at the rate on the 2012 Medicaid fee schedule of the code it most closely approximates.

However, when medical services are part of the encounter, two codes might now be billed where only one code was billed previously. For example for services provided by an MD or APRN, an appropriate Evaluation & Management code plus the new add-on code 90833 "30 minute psychotherapy when performed with an evaluation and management service" may now

be billed for what previously was billed as a 90805. In these circumstances, the aggregate payment for the two codes will be capped at the 2012 Medicaid fee schedule amount for the deleted psychotherapy code. The table below outlines the EOB number and description clinics will receive whenever the capped amount is set.

EOB #	EOB Description
6700	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6701	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6702	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6703	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6704	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6707	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6708	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6709	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6710	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6711	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6714	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6715	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6716	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED
6717	PROCEDURE CODE COMBINATION REDUCED TO MAXIMUM ALLOWED

Please note the department plans to review this methodology mid-year 2013 and evaluate for any

potential changes. Clinics will be notified prior to the implementation of any changes to the payment methodology for psychotherapy services.

**Prior Authorization for Psychotherapy Services:**

Existing prior authorizations already received by clinics for routine outpatient psychiatric services which will span the transition to the new outpatient psychiatric procedure codes will be honored for those services. Providers will not need to modify any existing authorizations.

Effective for dates of service January 1, 2013 and until otherwise notified by the department, prior authorization will be suspended for the following psychotherapy services when provided by Behavioral Health Clinics and Medical Clinics:

Code	Description
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service
99201-99205	Office or other outpatient visits for new patients
99211-99215	Office or other outpatient visits for established patients

*Please note the above table does not apply to Rehabilitation Clinics since the services outlined are not included on the rehabilitation clinic fee schedule.*

The department will notify Behavioral Health Clinics and Medical Clinics before re/establishing prior authorization requirements to the above services.

**Please note all other psychotherapy services will continue to require prior authorization for all**

**Behavioral Health, Medical and Rehabilitation clinics.**

For more information about prior authorization for behavioral health/psychotherapy services clinics should contact CTBHP at 1-877-552-8247.

**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 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 1-800-842-8440.

**Posting Instructions:** Policy transmittals can 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 HP Enterprise Services.

**Responsible Units:** For questions related to medical services provided by Medical and Rehabilitation Clinics: DSS, Division of Health Services, Medical Policy Section; Nina Holmes, Policy Consultant, (860) 424-5486.

For questions related to Behavioral Health Clinics or psychotherapy services: DSS, Division of Health Services, Behavioral Health Unit; Paul Piccione, PhD, (860) 424-5160.

**Date Issued:** December 2012.