



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2013-13**

PB 2013-22  
 April 2013

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2013  
 Contact: Paul Piccione, @ 860-424-5160

TO: Physicians and Advanced Practice Registered Nurses (APRNs)  
 RE: Psychotherapy Prior Authorization Changes

The purpose of this policy transmittal is to inform psychiatrists, psychiatric APRNs and doctors of osteopathy of changes to the authorization requirements for psychotherapy services and evaluation and management (E&M) services, effective July 1, 2013.

Effective January 1, 2013 new psychiatric procedure codes were introduced. Prior authorization was suspended for the following psychotherapy services when provided by the independent practitioners identified above, per PB 2012-69.

independent practices. Also effective July 1, 2013, prior authorization is required for doctors of osteopathy in their independent practices whenever the primary diagnosis is within the psychiatric range (291-316). Authorization has been, and continues to be, required for these services when rendered in clinic settings.

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

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

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**Date Issued:** April 2013

**Effective July 1, 2013, prior authorization is required** for these codes whenever provided by psychiatrists and psychiatric APRNs in their