



**Connecticut Medical Assistance Program**  
Policy Transmittal 2013-23

PB 2013-46  
August 2013

Roderick L. Bremby, Commissioner

Effective Date: 10-01-2013  
Contact: Paul Piccione @ 860-424-5160

TO: Psychiatrists and Psychiatric Advanced Practice Registered Nurses

RE: Prior Authorization Requirement for Evaluation and Management Codes for Psychiatric Services

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The purpose of this policy transmittal is to notify psychiatrists and psychiatric advanced practice registered nurses (APRNs) that effective for dates of service on or after October 1, 2013 prior authorization will be required for Evaluation and Management services provided in skilled nursing, domiciliary, rest home (e.g., boarding home or assisted living) or custodial care facilities for psychiatric services.

Authorization for procedure codes in the range 99304-99340, inclusive, can be obtained using the Connecticut Behavioral Health Partnership (CTBHP) web-based registration system which is accessed at [www.ctbhp.com](http://www.ctbhp.com). These procedure codes are being added to the list of codes covered in the outpatient psychotherapy services class for physicians and APRNs.

This change does not impact policy or procedures for non-psychiatric services in these settings.

**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 providers of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

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**Date Issued:** August 2013