

**Connecticut Behavioral Health Partnership
Authorization Schedule
General and Psychiatric Hospitals**

Revised 6/1/2019

SERVICES	DXC Service Class	Husky A Covered	Husky B Covered	Husky C & Husky D Covered	CPT/SVC/REV CODE	SVC CODE MODIFIER	DESCRIPTION	Auth Req'd ?	Re-Auth?	Auth/Reg Eff Date
INPATIENT HOSPITAL										
Psychiatric Hospital or General Hospital Psychiatric Unit	Y	Y	Y	Y	0114, 0124, 0134, 0144, 0154, 0204, 0190, 0224		Inpatient hospitalization	Bypass: R Non-Bypass: A	R	HUSKY A & B 4/1/2006 CO 08/01/08 HUSKY C & D 4/1/2011.
Intermediate Duration Acute Psychiatric Inpatient	Y	Y if age 18 or older	N	Y if age 18 or older	0124		Intermediate Duration Stay	A	A	4/1/2011
General Hospital Medical Unit	Y	Y	Y	Y	0110, 0111, 0112, 0113, 0115, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0125, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0135, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0145, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0155, 0157, 0158, 0206, 0213, 0214, 0219		Inpatient Medical Floor Admission/Boarding	A	A	HUSKY A & B 4/1/2006 CO 08/01/08 HUSKY C & D 4/1/2011
CHILD AND ADOLESCENT RAPID EMERGENCY SERVICE (CARES)										
C.A.R.E.S. Outpatient (Evaluation) - Effective 7/1/16 forward	Y	Y if age 5-17	Y if age 5-17	Y if age 5-17	0769		C.A.R.E.S. - Treatment Room - Evaluation	R (1/1 day)	N/A	HUSKY A & B10/1/2007 HUSKY C & D 4/1/2011
C.A.R.E.S. Inpatient	Y	Y if age 5-17	Y if age 5-17	Y if age 5-17	0101		C.A.R.E.S. - All Inclusive Room & Board	R (3/3 days)	A	HUSKY A & B10/1/2007 HUSKY C & D 4/1/2011
OBSERVATION SERVICES										
48 Hour Observation	Y	Y	Y	Y	0762		Observation Room	N	N	7/1/2016
					G0378		Hospital Observation Services, per hour:			
					G0379		Direct admission of patient for hospital observation care			
					99281 - 99285		ED Visit Level 1-5			
					99291		Critical Care first hour			
					G0380 - G0384		Hospital ED provided in type B Emergency Department Level 1-5)			
					G0463		Hospital Outpatient Clinic Visit			
INPATIENT DETOXIFICATION										

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Inpatient Detox - Hospital	Y	Y	Y	Y	0116, 0126, 0136, 0146, 0156		Detoxification in an inpatient hospital	A	A	HUSKY A & B 4/1/2006 CO 08/01/08 HUSKY C & D 4/1/2011
INTERMEDIATE CARE PROGRAMS										
Partial Hospitalization - Hospital Effective 7/1/16 forward	Y	Y	Y	Y	H0035, 90791, 90792, 90785		Partial Hospitalization	A	A	5/1/2006 9/1/2006 - FOHC CO 09/01/08 HUSKY C & D 4/1/2011
Intensive Outpatient - Hospital - Effective 7/1/16 forward	Y	Y	Y	Y	H0015, S9480, 90791, 90792, 90785		Intensive Outpatient - MH/SA	Child 0-18 R (10/14 days) Adult 19+ R (15/42 days)	Child 0-18 R (10/14 days) Adult 19+ R/A	5/1/2006 9/1/2006 - FOHC CO 09/01/08 HUSKY C & D 4/1/2011
Extended Day Treatment - Hospital Effective 7/1/16 forward	Y	Y	Y	Y	H2012, 90791, 90792, 90785		Extended Day Treatment	R (44/60 days)	R (44/60 days)	6/1/2006 HUSKY C & D 4/1/2011
OUTPATIENT SERVICES										
Outpatient-Hospital or Psychiatric Hospital Effective 7/1/16 forward	Y	Y	Y	Y	90785		Interactive complexity add-on code	R (90/12 months)	R (45/12 months)	9/1/2006
					90791		Psychiatric Diagnostic Evaluation (no medical services)			
					90792		Psychiatric Diagnostic Evaluation with Medical Services (or E&M new patient codes)			
					90832		Psychotherapy, 30 minutes with patient and/or family member			
					90833		Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service			
					90834		Psychotherapy, 45 minutes with patient and/or family member			
					90836		Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M service			
					90837		Psychotherapy, 60 minutes with patient and/or family member			
					90838		Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M service			
					90846		Family Medical Psychotherapy (without patient present) 20-30 minutes			
					90847		Family Medical Psychotherapy (with patient) 31-60 minutes			
					90849		Multi-family group, psychotherapy			
					90853		Group Medical Psychotherapy, 30-90 minutes			
					99201		Office or other outpatient visit for the evaluation and management of a new patient			
					99202		Office or other outpatient visit for the evaluation and management of a new patient			
					99203		Office or other outpatient visit for the evaluation and management of a new patient			
99204		Office or other outpatient visit for the evaluation and management of a new patient								
99205		Office or other outpatient visit for the evaluation and management of a new patient								
99211		Office or other outpatient visit for the evaluation and management of an established patient								
99212		Office or other outpatient visit for the evaluation and management of an established patient								

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					99213		Office or other outpatient visit for the evaluation and management of an established patient			
					99214		Office or other outpatient visit for the evaluation and management of an established patient			
					99215		Office or other outpatient visit for the evaluation and management of an established patient			
					99412		Smoking and tobacco use cessation group counseling greater than 45 minutes and must include one of the following diagnosis codes; 305.1 Tobacco Use Disorder or 292.0 Tobacco withdrawal	N	N	10/1/2014 update 6/1/2015
MEDICAL PSYCHIATRIC THERAPY										
ECT - Outpatient Hospital / Facility component Expired 6/30/16	Y	Y	Y	Y	0901		Electroconvulsive Therapy - facility component	A	A	4/1/2011
ECT - Emergency Department	Y	Y	Y	Y	90870		Electroconvulsive Therapy - ED & facility component	N	N/A	7/1/2016
ECT - Outpatient Hospital / Facility component Effective 7/1/16	Y	Y	Y	Y	90870		Electroconvulsive Therapy - ED & facility component	R/A	R/A	7/1/2016
PSYCHOLOGICAL TESTING										
Psychoclocial - Neurological Testing - Clinic	Y	Y	Y	Y				R/A	N/A	9/1/2006 CO 8/1/08 HUSKY C & D 4/1/2011, 1/1/19
					90791		Psychiatric Diagnostic Evaluation (no medical services)			
					90792		Psychiatric Diagnostic Evaluation with Medical Services (or E&M new patient codes)			
					96136		Psychological Test Admin & Scoring - 2 or more tests - First 30 min.			
					96137		Psychological Test Admin & Scoring - 2 or more tests, Each additional hour			
					96136	TF	Neuropsychological Test Admin & Scoring - 2 or more tests - First 30 min.			
					96137	TF	Neuropsychological Test Admin & Scoring - 2 or more tests, Each additional hour			
					96130		Psychological Testing Evaluation services - First hour			
					96131		Psychological Testing Evaluation services - Each additional hour			
					96132		Neuropsychological Testing Evaluation services - First hour			
					96133		Neuropsychological Testing Evaluation services - Each additional hour			
					96116		Neurobehavioral status examination - First hour			
					96121		Neurobehavioral status examination - Each additional hour			
EPSDT										
EPSDT-BH- Hospital	Y	Y	Y	Y	Determined case by case		Special services - These are all single case agreements.	A	A	1/1/2006 HUSKY C & D 4/1/2011
Auth Required/Re-Auth? A= Authorization or reauthorization R=Registration or re-registration (units registered/duration in months or days) N=Neither authorization nor registration N/A=Not Applicable TBD=To Be Determined R/A = Providers will register services and depending on units requested, registration will either auto-approve or pend for further review. A >2 means no PA required for first two services. PA required for subsequent services A >4 means no PA required for first four units of service. PA required for subsequent units of service.										