

**Charter Oak Behavioral Health
Authorization Schedule
FQHC - Mental Health Clinics**

FQHC providers must bill using the encounter code (T1015) and at least one of the procedure codes from the table below to indicate which service was provided during the encounter. **A face-to-face encounter with the client or parent/guardian is required to qualify a service for reimbursement.**

SERVICES	EDS Service Class	EDS Payable Service	Charter Oak Covered	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd ?	Re-Auth?	Auth/Reg Eff Date
INTERMEDIATE PROGRAMS								
Partial Hospitalization- Clinic	CPHPC	Y	Y	H2013, 90801	Partial Hospitalization, 1 Day	A	A	8/1/2008
Intensive Outpatient - Clinic	CIOPC	Y	Y	H0015, S9480, 90801	Intensive Outpatient - MH/SA	A	A	8/1/2008
OUTPATIENT SERVICES								
Outpatient- Clinic	COTPC	Y	Y	90801	Initial Psychiatric Interview Examination	R (26/12)	R/A	8/1/2008
				90802	Interactive Psych Diagnostic Interview/Exam			
				90804	Individual Therapy - 20-30 Minutes			
				90805	Ind. Therapy - 20-30 Minutes with Medical Evaluation & Management			
				90806	Ind. Therapy - 45-50 Minutes			
				90807	Ind. Therapy - 45-50 Minutes with Med. Evaluation & Management			
				90808	Ind. Therapy - 75-80 Minutes			
				90809	Ind. Therapy - 75-80 Minutes with Med. Evaluation & Management			
				90810	Ind. Therapy, Interactive 20-30 Minutes			
				90811	Ind. Therapy, Interactive 20-30 Minutes with Med Eval & Mgmt.			
				90812	Ind. Therapy, Interactive 45-50 Minutes			
				90813	Ind. Therapy, Interactive 45-50 Minutes with Med Eval & Mgmt			
				90814	Ind. Therapy, Interactive 75-80 Minutes			
				90815	Ind. Therapy, Interactive 75-80 Minutes with Med Eval & Mgmt			
				90846	Family Psychotherapy (without patient present)			
				90847	Family Psychotherapy (with patient present)			
				90849	Multi-family group, psychotherapy			
				90853	Group Psychotherapy			
				90857	Interactive Psychotherapy			
				96110	Developmental Testing: limited with interpretation and report			
				96111	Developmental Testing: extended with interpretation and report			
				90862	Pharmacological Management, including prescription, use, and review of medication with no more than minimal medical psychotherapy			
				90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (includes attendance at PPT or other school meeting)			
M0064	Brief office visit to monitor drug prescriptions							
J1630, J1631, J2680	Therapeutic of Diagnostic injection: subcutaneous or intramuscular							
S9485	Mobile Crisis Unit Response - per diem, initial evaluation*							
S9484	Mobile Crisis Unit Response - duration 1 hour, follow-up*							
PSYCHOLOGICAL TESTING								
Psych Testing - Clinic	CTSTC	Y	Y	96101, 96118	Psychological Testing, 1 Hour	A	A	8/1/2008
				90801	Initial Psychiatric Interview Examination			
				90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (includes attendance at PPT or other school meeting)			

Auth Required/Re-Auth?

A = Authorization or reauthorization
R = Registration or re-registration (units registered/duration in months)
N = Neither authorization nor registration
N/C = Not covered
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.
R/A = In the first year, providers can re-register for an additional 19 units without expanding the end date. After the initial authorization period, providers can re-register for 19 units in the ensuing 6 months. After three extensions, additional services require authorization.
Note - * For clients under 21 only