

**Charter Oak Behavioral Health  
Authorization Schedule  
General and Psychiatric Hospital**

SERVICES	EDS Payable Service	Charter Oak Covered	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd?	Re-Auth?	Auth/Reg Eff Date
<b>INPATIENT HOSPITAL</b>							
Psychiatric hospital or general hospital psychiatric unit	Y	Y	114,124,134,144,154	Inpatient, 1 Day	A	A	8/1/2008
General hospital medical Unit	Y	Y	110,111,112,113,115,117,118,119,120,121,122,123,125,127,128,129,130,131,132,133,135,137,138,139,140,141,142,143,145,147,148,149,150,151,152,153,155,157,158,159,160,164,167,169,170,171,172,175,179,190,200,201,202,203,205,207,208,209,210,211,212,213,214,219	Inpatient, 1 Day	A	A	8/1/2008
<b>OBSERVATION SERVICES</b>							
23 Hour Observation	Y	Y	762	23 Hour Observation	A	na	8/1/2008
<b>INPATIENT DETOXIFICATION</b>							
Inpatient Detox - General or psychiatric hospital	Y	Y	116, 126, 136, 146, 156	Detoxification in an inpatient hospital	A	A	8/1/2008
<b>INTERMEDIATE CARE PROGRAMS</b>							
Partial Hospitalization- Hospital	Y	Y	900, 913	Partial Hospitalization, 1 Day	A	A	8/1/2008
Intensive Outpatient - Hospital	Y	Y	900, 905, 906	Intensive Outpatient - MH/SA	A	A	8/1/2008
<b>OUTPATIENT SERVICES</b>							
Outpatient-Hospital	Y	Y	900	Psychiatric Service General (Evaluation)	R (26/12)	R/A	8/1/2008
			914	Individual Therapy			
			915	Group therapy			
			916	Family Therapy			
			919	Other Behavioral Health Service (Med Mana			
<b>MEDICAL PSYCHIATRIC THERAPY</b>							
ECT - facility component	Y	Y	901	Electroconvulsive Therapy - facility compon	N	na	8/1/2008
Ambulatory Surgery	Y	Y	490	Ambulatory Surgery (Vagal nerve)	N	na	8/1/2008
<b>PSYCHOLOGICAL TESTING</b>							
Psych Testing - Hospital	Y	Y	918	Psychological Testing, 1 Hour	A	A	8/1/2008
			900	Psychiatric Service General (Evaluation)			

**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  
Note-\*\*\*\* For clients age 5 through 17 only