

**Charter Oak Behavioral Health
Authorization Schedule
Independent Practitioners (MD, APRN, PhD, LCSW, LMFT, LPC, LADC)**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd?	Re-Auth?	Auth/Reg Eff Date						
INPATIENT PROFESSIONAL SERVICES (PHYSICIAN AND APRN ONLY)													
Inpatient E & M Services**	na	Y	99221	Initial Hospital Care (30 Minutes)	N	N							
			99222	Initial Hospital Care (50 Minutes)									
			99223	Initial Hospital Care (70 Minutes)									
			99231	Subsequent Hospital Care (15 Min.)									
			99232	Subsequent Hospital Care (25 Min.)									
			99233	Subsequent Hospital Care (35 Min.)									
			99234	OBSERVATION OR INPATIENT HOSPITAL CARE, LOW SEVERITY PROBLEM									
			99235	OBSERVATION OR INPATIENT HOSPITAL CARE, MODERATE SEVERITY									
			99236	OBSERVATION OR INPATIENT HOSPITAL CARE, HIGH SEVERITY PROBLEM									
			99238	Hospital Discharge Day Management: 30 Minutes or Less									
			99239	Hospital Discharge Day Management: More than 30 Minutes									
			Inpatient Consultations**	na				Y	99251	Inpatient Consultation (20 Min.)	N	N	
									99252	Inpatient Consultation (40 Min.)			
99253	Inpatient Consultation (55 Min.)												
99254	Inpatient Consultation (80 Min.)												
99255	Inpatient Consultation (110 Min.)												
99271	Confirmatory Consultation, Focused												
99272	Confirmatory Consultation, Expanded												
99273	Confirmatory Consultation, Detailed												
99274	Confirmatory Consultation, Comprehensive, Moderate Complexity												
99275	Confirmatory Consultation, Comprehensive, High Complexity												
Observation Care Services**	na	Y			99217	Observation Care Discharge	N		N				
			99218	Initial Observation Care, Detailed, Low Complexity									
			99219	Initial Observation Care, Comprehensive, Moderate Complexity									
			99220	Initial Observation Care, Comprehensive, High Complexity									
Inpatient Hospital or Nursing Home Psychotherapy**	na	Y	90816	Ind. Therapy 20-30 Minutes	N	N							
			90817	Ind. Therapy 20-30 Minutes with Med Eval & Mgmt									
			90818	Ind. Therapy 45-50 Minutes									
			90819	Ind. Therapy 45-50 Minutes with Med Eval & Mgmt									
			90821	Ind. Therapy 75-80 Minutes									
			90822	Ind. Therapy 75-80 Minutes with Med Eval & Mgmt									
			90823	Ind. Therapy 20-30 Minutes									
			90824	Ind. Therapy 20-30 Minutes with Med Eval & Mgmt									
			90826	Ind. Therapy 45-50 Minutes									
			90827	Ind. Therapy 45-50 Minutes with Med Eval & Mgmt									
			90828	Ind. Therapy 75-80 Minutes									
			90829	Ind. Therapy 75-80 Minutes with Med Eval & Mgmt									
			EMERGENCY DEPARTMENT PROFESSIONAL SERVICES (PHYSICIAN AND APRN ONLY)										
Emergency Department Services***	na	Y	99281	Emergency Department Visit, Focused	N	na							
			99282	Emergency Department Visit, Focused									
			99283	Emergency Department Visit, Complex									
			99284	Emergency Department Visit, Detailed									
			99285	Emergency Department Visit, Complex									
			99285	Emergency Department Visit, Complex									
OUTPATIENT SERVICES (within scope of practice)													
Outpatient- Independent Practice	COTP1	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 Group Psychotherapy									
			90862	Pharmacological Management, including prescription, use, and review of medication with no more than minimal medical psychotherapy									
			90865	Narcosisynthesis for psychiatric diagnostic and therapeutic purposes									
			90875	Individual psychophysiological therapy incorporating biofeedback; approximately 20-30 minutes									
			90876	Individual psychophysiological therapy incorporating biofeedback; approximately 45-50 minutes									
			90880	Hypnotherapy									
			99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Evaluation and management procedures, new or established patient									
			99241, 99242, 99243, 99244, 99245	Evaluation and management procedures, office or other outpatient consults									
			M0064	Brief office visit to monitor drug prescriptions									
Injections - Independent Practice	na	Y	J1630,J1631,J2680	Therapeutic of Diagnostic injection; subcutaneous or intramuscular	N	na							

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MEDICAL PSYCHIATRIC THERAPY (Physician only)							
ECT - physician component	na	Y	90870	Physician component of ECT	N	na	
PSYCHOLOGICAL TESTING (Psychologist only)							
Psych Testing- Independent Practitioner	CTST1	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

R/A = In the first year, providers can re-register for an additional 19 units without extending 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 - **Professional services to CT BHP clients for psychiatric or detoxification admissions are included in the per diem rate paid to the facility and should not be billed separately to the CT BHP. Behavioral health professional services rendered to HUSKY clients during authorized medical admissions can be billed to the CT BHP.

Note - ***Behavioral health professional services provided in an Emergency Department are covered by CT BHP only when the hospital does not have a psychiatrist on staff