

**Charter Oak Behavioral Health  
Authorization Schedule  
School-Based Health Centers (Freestanding Medical Clinics)**

SERVICES	EDS Service Class	EDS Payable Service	Charter Oak Covered	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd ?	Re-Auth?	Auth/Reg Eff Date
<b>MENTAL HEALTH SERVICE</b>								
Outpatient- Clinic	COTPC	Y	Y	90801	Initial Psychiatric Interview Examination	R (26/12)	R/A	8/1/2008
				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			
				90846	Family Psychotherapy (without patient present)			
				90847	Family Psychotherapy (with patient present)			
				90853	Group Psychotherapy			
				90862	Pharmacological Management, including prescription, use, and review of medication with no more than minimal medical psychotherapy			

**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 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