

Connecticut Medical Assistance Program

Policy Transmittal 2025-22

Provider Bulletin 2025-56 October 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: October 1, 2025 Contact: See Below

TO: Children's Mental Health Urgent Crisis Centers

RE: Implementation of Children's Mental Health Urgent Crisis Centers

Services for Children 18 Years Old and Younger

Effective for dates of service October 1, 2025 and forward, this policy bulletin supersedes PB 2024-16 directed at Children's Mental Health Urgent Crisis Centers.

Provider Enrollment/Certification:

Only those providers who are licensed by the Department of Children and Families (DCF) as an Outpatient Psychiatric Clinic for Children and who are certified by DCF to deliver children's mental health urgent crisis services are eligible to enroll and submit claims to DSS for these services.

Upon receiving DCF certification, the provider must enter the appropriate certification to the provider's secure Web Portal Demographic Maintenance panel and upload their DCF certification to their enrollment provider agreement the to provider's secure Web Portal Provider Document Upload panel.

Providers are required to get an updated certification letter from DCF upon their reenrollment.

To maintain enrollment in the Connecticut Medical Assistance Program (CMAP), a provider shall abide by all federal and state statutes, regulations and operational procedures promulgated by the Department of Social Services (DSS), which governs CMAP and be currently certified and enrolled in the Medicare program if required by any federal or state statutes or regulations which govern the Medical Assistance Program goods or

services furnished by a provider under the provider's assigned type and specialty. For additional information on general provider requirements please refer to the www.ctdssmap.com Web site, under Information, Publications, Provider Manual Chapter 2 "Provider Participation policy"

Service Billing Codes/Provider Fee Schedule:

The following procedure/billing codes will be billed by the children's mental health urgent crisis centers:

Code	Description
99204	New patient visit (45–59 min)
99215	Established patient visit (40–54 min)
90791	Psych eval (once/day)
90792	Psych eval (not billed with 90791 same day)
H2011	Crisis intervention (15 min units, max 14 units = 3.5 hrs.)

Important Billing Note: Please be advised that Evaluation & Management (E&M) codes cannot be billed concurrently with psychiatric evaluation codes 90791 or 90792.

Sample Billing Combinations:

Example 1: 99204 (1 unit) + H2011 (14 units) Example 2: 99215 (1 unit) + H2011 (14 units) Example 3: 90791 (1 unit) + H2011 (14 units) Example 4: 90792 (1 unit) + H2011 (14 units)

Prior Authorization:

There is no change to existing prior authorization (PA) requirements. Any service requiring PA must be obtained from the respective Administrative Services Organization (ASO) responsible for the broad category of services requested (medical, behavioral health, or dental).

Provider Documentation Requirements:

Providers must document all billable services appropriate to the billing code definition. Billing codes that are per hour or per minute must include the start and stop time of the service.

Claim Submission:

Claims submitted from a DCF certified service location that are enrolled as a CMAP provider will be reimbursed for in-person or telehealth services when billing identified billing/procedure codes listed above.

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Accessing the Fee Schedule:

The fee schedules can be accessed and downloaded by accessing the CMAP Web site: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download". Next click on the "I Accept" button and proceed to click on the Clinic - Clinic and Outpatient Hospital Behavioral Health fee schedule, then select "Open file".

For questions regarding this bulletin please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Distribution:

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

Responsible Unit:

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