

interChange Provider Important Message

Attention: Behavioral Health Clinics, Enhanced Care Clinics, Behavioral Health Clinicians, Psychologists, Autism Spectrum Disorder Services, Physician Office and Outpatient Services, Medical Clinics (including School-Based Health Clinics), Rehabilitation Clinics, and Special Services

Clarification on Updates to Fee Schedules and Rate Increases for Select Behavioral Health Services

As mentioned in [Provider Bulletin 26-06](#), titled “Updates to Fee Schedules and Rate Increases for Select Behavioral Health Services”, there were some rate increases for select behavioral health services. Gainwell Technologies identified and reprocessed claims billed for procedure codes 90833, 90836, 90838 when billed with codes 99202-99215, or 99301-99310. Paid claims where the detailed billed amount was equal to or greater than the new allowed amount were systematically adjusted in the rate mass adjustment cycle on February 20, 2026, and included in the February 24, 2026, Remittance Advice (RA).

For procedures that were provider-specific rates, claims were systematically adjusted in the March 20, 2026, claim cycle. Providers saw these adjusted claims on their March 24, 2026, Remittance Advice. These adjustments did **not** include the necessary system logic to ensure combo rates were applied when these code pairings were billed together.

For procedure codes 90833, 90836, 90838 when billed with codes 99202-99215, or 99301-99310 were identified and reprocessed they were paid over the max allowed amount for these services per the provider’s fee schedule.

These claims were identified and reprocessed and appeared on the April 15, 2026, Remittance Advice with an Internal Control Number (ICN) beginning with region code 52.

Provider will see that monies were taken back due to this adjustment. This rate pricing follows guidelines that were originally published in [Provider Bulletin 2012-69](#). The adjusted claims are now paying the correct amount published on the latest version of the Provider Fee Schedule.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded from the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I Accept" button and proceed to click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".



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The rates for codes 90833, 90836, 90838 are listed in the bottom of the fee schedule as shown in screen shot below. The screenshot below comes from the **Physician - Office and Outpt** fee schedule. Please view the footer of your applicable fee schedule.

| Provider Type/Specialty 09/106; 09/339; 70/106; or 70/339 APRN Psychiatry for DOS on | Max Allowed |
|--|-------------|
| _____ or after 7/1/2024 | |
| _____ 90833 + required code Child ages 0 - 20 | \$57.14 |
| _____ 90833 + required code 21 years of age and older | \$55.07 |
| _____ 90836+ required code Child ages 0 - 20 | \$80.02 |
| _____ 90836 + required code 21 years of age and older | \$77.13 |
| _____ 90838+ required code Child ages 0 - 20 | \$122.29 |
| _____ 908368+ required code 21 years of age and older | \$117.87 |
| Provider Type/Specialty 31/339; 31/639; 72/339; or 72/639 Physician Psychiatry for | |
| _____ DOS on or after 7/1/2024 | |
| _____ 90833 + required code Child ages 0 - 20 | \$63.49 |
| _____ 90833 + required code 21 years of age and older | \$61.19 |
| _____ 90836+ required code Child ages 0 - 20 | \$88.91 |
| _____ 90836 + required code 21 years of age and older | \$85.70 |
| _____ 90838+ required code Child ages 0 - 20 | \$135.88 |
| _____ 90838+ required code 21 years of age and older | \$130.97 |

The screenshot below comes from the **Clinic - Clinic and Outpatient Hospital Behavioral Health** fee schedule. Please view the footer of your applicable fee schedule

| Provider Type/Specialty 08/525 Clinic Mental Health for DOS on or after 7/1/2024 | Max Allowed |
|--|-------------|
| _____ 90833 + required code Child ages 0 - 20 | \$51.85 |
| _____ 90833 + required code 21 years of age and older | \$47.47 |
| _____ 90836 + required code Child ages 0 - 20 | \$75.15 |
| _____ 90836 + required code 21 years of age and older | \$68.81 |
| _____ 90838 + required code Child ages 0 - 20 | \$106.46 |
| _____ 90838 + required code 21 years of age and older | \$97.48 |
| ----- | |
| Provider Type/Specialty 08/526 ECC For DOS on or after 7/1/2024 | |
| _____ 90833 + required code Child ages 0 - 20 | \$66.94 |
| _____ 90833 + required code 21 years of age and older | \$61.29 |
| _____ 90836 + required code Child ages 0 - 20 | \$97.28 |
| _____ 90836 + required code 21 years of age and older | \$89.07 |
| _____ 90838 + required code Child ages 0 - 20 | \$133.02 |
| _____ 90838 + required code 21years of age and older | \$121.80 |

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

