TO: Outpatient Hospitals

RE: Psychiatric Diagnostic Evaluations Performed in the Emergency Department

Effective for dates of service December 1, 2018 and forward, the Department of Social Services (DSS) is updating the outpatient hospital payment methodology for the following procedure codes when rendered in Place of Service (POS)/Facility Type Code (FTC) 23-Emergency Department (ED).

Code	Description
90791	*psychiatric diagnostic evaluation*
90792	*psychiatric diagnostic evaluation with medical services*

Behavioral Health (BH) Services – Emergency Department

Please note that DSS considers procedure codes 90791 and 90792 to be provided by a professional when rendered in the ED setting and therefore should not be billed by an outpatient hospital. This update is consistent with Sec. 17b-262-971(c) (1) (2) of the Regulations of Connecticut State Agencies Concerning Outpatient Hospital Services.

Physicians (including psychiatrists and advanced practice registered nurses), psychologists and behavioral health clinicians (such as licensed clinical social workers and licensed professional counselors) can bill for and be separately reimbursed for medically necessary BH services rendered in POS/FTC 23 (ED).

Behavioral Health (BH) Services – Outpatient Hospital

As required by 17b-262-971(c) of the Regulations of Connecticut State Agencies Concerning Outpatient Hospital Services, outpatient hospital BH services are considered an all-inclusive rate. Professional fees will not be reimbursed separately for medically necessary services rendered in POS/FTC 19 (off campus-outpatient hospital) or 22 (on campus-outpatient hospital).

Due to behavioral health services being an all-inclusive rate in POS/FTC 19 and 22 (outpatient setting) procedure codes 90791 and 90792 will remain payable to the outpatient hospital on the Connecticut Medical Assistance Program's (CMAP) Addendum B.

Although procedure codes 90791 and 90792 will remain payable on the CMAP Addendum B, the procedure codes 90791 and 90792 are not payable to the outpatient hospital when rendered in POS/FTC 23 (ED) and should only be billed by the professional when medically necessary. Under post payment reviews, DSS may take adjustments for services that are not billed in accordance with the guidelines set forth in the bulletin.