



Connecticut Medical Assistance Program
Policy Transmittal 2018-34

Provider Bulletin 2018-82
December 2018

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2019
Contact: Hector Massari @ 860-424-5152

TO: Physicians, Physician Groups, Advance Practice Registered Nurses APRN Groups, Physician Assistants, Psychologists, LCSWs, LMFTs, LPCs, BCBAs, Outpatient Hospitals, Medical, Rehabilitation, and Behavioral Health Clinics, Enhanced Care Clinics, FQHCs

RE: 2019 Fee Schedule HIPAA Compliant Update For Autism Spectrum Disorder Services

Effective for dates of service January 1, 2019 and forward, the Department of Social Services (DSS) is incorporating the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (deletions, additions and replacement codes) related to autism spectrum disorder services on the Autism Spectrum Disorder (ASD), Physician Office and Outpatient, Psychologists, Behavioral Health Clinician, Outpatient Hospital, Medical Clinic, Rehabilitation Clinic, and Behavioral Health Clinic fee schedules. DSS is making these changes to ensure that the applicable fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Effective for dates of service January 1, 2019 and forward, providers must use the following new CPT codes referenced below, when submitting claims for ASD services.

End Dated CPT Code	Description	New CPT Code
0359T	Comprehensive Diagnostic Evaluation (3-5hrs)	90791-U5
0359T-22	Expanded Comprehensive Diagnostic Evaluation (more than 5hrs)	90791-U5-22
0359T-52	Reduced Comprehensive Diagnostic Evaluation (less than 3hrs)	90791-U5-52
0364T	ASD Treatment Services – Individual by technician	97153
0365T	ASD Treatment Services – Individual by technician	97153
0372T	ASD Treatment Services- Group Setting	97158

Please note carefully, the new evaluation codes require an informational modifier:

U5 – Autism Services.

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”. For questions about billing or if further assistance is needed to access the fee schedule 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.

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

Prior Authorization Questions: Please contact Beacon Health Options at 1-877-552-8247.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Responsible Units:

DSS, Division of Health Services, Integrated Care Unit

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