



**TO: Hospitals**

**RE: Removal of Prior Authorization from Electroconvulsive Therapy Services**

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Effective for dates of service January 1, 2021 and forward, the Department of Social Services (DSS) is removing Prior Authorization (PA) on the following procedure code that is listed on the Clinic and Outpatient Hospital Behavioral Health fee schedule and on the Connecticut Medical Assistance Program (CMAP) Addendum B.

- 90870 Electroconvulsive therapy

Hospitals must continue to refer to both CMAP Addendum B and the Clinic and Outpatient Hospital Behavioral Health fee schedule for PA requirements.

**Accessing CMAP Addendum B:**

CMAP's Addendum B can be accessed via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by selecting the "Hospital Modernization" Web page. CMAP's Addendum B (Excel) is located under "Important Messages – Connecticut Hospital Modernization".

**Accessing the Fee Schedule:**

The updated Clinic and Outpatient Hospital Behavioral Health fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance (CMAP) Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to "Provider", then to "Provider Fee Schedule Download", then to the "Clinic - Clinic and Outpatient Hospital Behavioral Health" 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.